

**“A CLINICAL STUDY ON THE MANAGEMENT OF
HYPOTHYROIDISM IN FEMALES USING LM POTENCY”**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT**

FOR THE AWARD OF THE DEGREE OF

DOCTOR OF MEDICINE IN HOMOEOPATHY: M.D. (HOM.)

IN

ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY

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KULASEKHARAM, TAMILNADU.**



SUBMITTED TO

THE TAMILNADU Dr. MGR MEDICAL UNIVERSITY,

CHENNAI.

2019

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT AND THE INSTITUTION

This is to certify that the dissertation entitled, “**A CLINICAL STUDY ON THE MANAGEMENT OF HYPOTHYROIDISM IN FEMALES USING LM POTENCY**” is a bonafide work carried out by **Dr. AMRITHA MOHAN**, a student of M.D. (Hom.) in the **DEPARTMENT OF ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY** in **SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE** under the supervision and guidance of **Prof. Dr. MANOJ NARAYAN V., M.D. (Hom.), PROFESSOR, DEPT. OF ORGANON OF MEDICINE & HOMOEOPATHIC PHILOSOPHY** in partial fulfilment of the Regulations for the award of the Degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY**. This work conforms to the standards prescribed by **THE TAMIL NADU DR. MGR MEDICAL UNIVERSITY, CHENNAI**.

This has not been submitted in full or part for the award of any degree or diploma from any University.

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DECLARATION

I, **Dr. AMRITHA MOHAN**, do hereby declare that this dissertation entitled “**A CLINICAL STUDY ON THE MANAGEMENT OF HYPOTHYROIDISM IN FEMALES USING LM POTENCY**” is a bonafide work carried out by me under the direct supervision and guidance of **Dr. MANOJ NARAYAN V., M.D. (Hom.) PROFESSOR, DEPARTMENT OF ORGANON OF MEDICINE & HOMOEOPATHIC PHILOSOPHY**, in partial fulfilment of the Regulations for the award of degree of **Doctor of Medicine (Homoeopathy)** in **ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY** of **THE TAMIL NADU DR. MGR MEDICAL UNIVERSITY, CHENNAI**. This has not been submitted in full or part for the award of any degree or diploma from any University.

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ACKNOWLEDGEMENT

First and foremost I thank Almighty God for all the love and blessings he has been showering upon me.

I express my sincere thanks to my guide **Dr. MANOJ NARAYAN V., M.D (Hom.)**, Professor, Department of Organon of Medicine and Homoeopathic Philosophy for his valuable guidance, advice, supervision, motivation and constant support throughout my course of study and dissertation work. It's my good fortune to be his student and to do this work under his guidance.

I owe my sincere thanks to **Dr. M. MURUGAN, M.D. (Hom.)**, Head, Department of Organon of Medicine and Homoeopathic Philosophy for the valuable guidance, inspiration and assistance all along for the completion of my work.

I convey my respectful regards to **Dr. C. K. MOHAN, B.Sc., M.D. (Hom.)**, Chairman, for providing the opportunity to undertake this work and extending all necessary facilities to carry out the work.

I am thankful to **Dr. N. V. SUGATHAN, M.D. (Hom.)**, Principal and Medical Superintendent for his guidance and support.

My profound gratitude and deep regards to **Dr. WINSTON VARGHEESE, M.D. (Hom.)**, PG coordinator who has always been a source of support and inspiration.

I am grateful to all my honourable teachers in the various departments who whole heartedly encouraged and supported me at all times.

I acknowledge my sincere gratitude to my parents **Mr. S. MOHANAN, Mrs. MEENA MOHAN** and my dear brother **Mr. ADITYA MOHAN** for their love, care and prayers. I am grateful to my husband **Mr. ANOOP SASIDHARAN** for his

advice, encouragement, timely support and love. I am very thankful for my dearest friend **Dr. MAHIMA S.**, for her inspiration and care throughout my course. I would have never accomplished my goal without them. I remain indebted to them for everything I have and whatever I have achieved.

My sincere thanks to **Dr. Chandraja Ratheesh** for her valuable help during my work.

I also take this opportunity to thank **Mrs. Subha** for her help provided to me during my dissertation period.

I am grateful to all my friends for being helpful, supportive and loving. I extend my sincere gratitude to librarians, all my seniors, colleagues and juniors whose co-operation and timely help to end my task. Thanks to all my patients without whose help and co-operation this work never could have seen the light of the day.

Dr. AMRITHA MOHAN

ABSTRACT

BACKGROUND

Hypothyroidism is one of the commonly seen diseases now a days. The present study is to show the use of LM potency in the management of Hypothyroidism. In Homoeopathic system of medicine treatment is given on the basis of our principle – “Similia Similibus Curentur”. Homoeopathic medicine not only annihilate the disease in its whole extent in the shortest, most reliable and most harmless way, but also prevent the complications associated with it.

METHOD

Random selection of 30 cases of female patients with Hypothyroidism is carried out from OPD, IPD and from peripheral centers of Sarada Krishna Homoeopathic Hospital. The cases will be analysed and evaluated. It is repertorised and a remedy is prescribed after referring Materia Medica. Potency and repetition of doses will be done based on the Homoeopathic principles. Assessment will be done by per and post TSH value.

RESULT

The result of the study is obtained that all the 30 cases showed marked improvement and this results were based on statistical analysis of before and after TSH value.

CONCLUSION

The result of the study shows that LM potencies are effective in the treatment of female patients with Hypothyroidism.

KEY WORDS: Hypothyroidism, LM potency.

TABLE OF CONTENTS

| SL. NO | CONTENTS | PAGE NO |
|--------|-------------------------|---------|
| 1. | INTRODUCTION | 1 |
| 2. | AIMS & OBJECTIVES | 4 |
| 3. | REVIEW OF LITERATURE | 5 |
| 4. | MATERIALS AND METHODS | 21 |
| 5. | OBSERVATION AND RESULTS | 23 |
| 6. | DISCUSSION | 42 |
| 7. | CONCLUSION | 45 |
| 8. | SUMMARY | 46 |
| 9. | BIBLIOGRAPHY | 47 |
| 10. | APPENDICES | 54 |

LIST OF TABLES

| TABLE NO | PARTICULARS | PAGE NO |
|-----------------|---|----------------|
| 1. | Distribution of cases according to age | 23 |
| 2. | Distribution of cases according to occupation | 24 |
| 3. | Distribution of cases according to past history | 25 |
| 4. | Distribution of cases according to family history | 27 |
| 5. | Distribution of cases according to food habits | 28 |
| 6. | Distribution of cases according to miasm | 29 |
| 7. | Distribution of cases according to medicines | 30 |
| 8. | Distribution of cases according to pre and post BMI | 31 |
| 9. | Distribution of cases according to pre and post TSH values | 33 |
| 10. | Distribution of cases according to pre and post symptom scoring | 35 |

LIST OF FIGURES

| FIGURE NO | PARTICULARS | PAGE NO |
|----------------------|--|----------------|
| 1. | Distribution of cases according to age | 23 |
| 2. | Distribution of cases according to occupation | 25 |
| 3. | Distribution of cases according to past history | 26 |
| 4. | Distribution of cases according to family history | 27 |
| 5. | Distribution of cases according to food habits | 28 |
| 6. | Distribution of cases according to medicines | 29 |
| 7. | Distribution of cases according to miasm | 30 |
| 8. | Distribution of cases according to pre and post BMI | 32 |
| 9. | Distribution of cases according to pre and post TSH values | 34 |
| 10. | Distribution of cases according to pre and post symptom scoring | 36 |

LIST OF ABBREVIATIONS

| SL. NO. | ABBREVIATION | EXPANSION |
|---------|--------------|-----------------------------|
| 1. | OPD | Outpatient Department |
| 2. | IPD | In Patient Department |
| 3. | < | Aggravation |
| 4. | > | Amelioration |
| 5. | BMI | Body Mass Index |
| 6. | BP | Blood Pressure |
| 7. | °F | Fahrenheit |
| 8. | TSH | Thyroid Stimulating Hormone |
| 9. | LMP | Last Menstrual Period |
| 10. | FMP | First Menstrual Period |
| 11. | Alt | Alternate |
| 12. | TDS | Thrice a day |
| 13. | BD | Twice a day |
| 14. | HS | Bed time |
| 15. | M | Morning |

LIST OF APPENDICES

| SL NO | APPENDICES | PAGE NO |
|-------|----------------------------------|---------|
| 1. | Appendix I – Glossary | 54 |
| 2. | Appendix II – Case Record Format | 56 |
| 3. | Appendix III – Score Chart | 75 |
| 4. | Appendix IV – Case Record | 76 |
| 5. | Appendix V – Master Chart | 98 |
| 6. | Consent Form | 105 |

1.1 INTRODUCTION

Hypothyroidism has been listed under the code E00 – E04 according to the ICD classification. Thyroid diseases are the commonest endocrine disorders. Hypothyroidism, also called underactive thyroid or low thyroid, is disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormones. Occasionally there may be swelling in front of the neck.

Thyroid gland produces two important hormones called triiodothyronine (T_3) and tetraiodothyronine (T_4). The pituitary gland situated in the brain produce thyroid stimulating hormone (TSH), which in turn sparks the release of thyroxine (T_4) and triiodothyronine (T_3). Thyroid disease is one in every foremost unnoticed, undiagnosed, misdiagnosed and undertreated diseases.

Low thyroid hormone production and also increase in TSH level are the characteristic of hypothyroidism. However the clinical features depends on the duration and severity of the disease.

Women has the higher risk for hypothyroidism than men. About 4 – 8 times higher than men. The risk is higher in postpartum period and during menopause after which the risk increases with age.

Most cases of hypothyroidism are not so obvious, however unless the diagnosis is positively encouraged in the middle-aged women complaining of tiredness, weight gain, depression, carpal tunnel syndrome, an opportunity for early treatment will be missed. Thyroid diseases are completely different from different diseases in terms of their simple designation, accessibility of medical treatment and also the relative visibility that even a tiny low swelling of the thyroid gland offers to the treating

physician. Our Homoeopathic medicines selected based on the symptom similarity can work effectively.

The symptoms of hypothyroidism gets relieved effectively through Homoeopathic medicines and also decreasing the TSH level in blood. The immune system also gets strengthens through the treatment of hypothyroidism along with Homoeopathic treatment.

LM potency was introduced by Dr. Hahnemann in the 6th edition of Organon. LM potency was introduced in order to avoid the aggravations that were experienced by our Master while treating with other potencies. In Homoeopathy by taking medicines in LM potencies, the substance which in its crude states potentised and full capacity of the drug is brought out to influence the suffering parts of the sick organism without any adverse effect. The symptomatology of the patient is used for the selection of the Homoeopathic remedies. The effectiveness of the LM potency in the reduction of the TSH level is the purpose of this study.

1.2 NEED FOR STUDY

Hypothyroidism is one of the commonly seen diseases now a days. The present study is to show the use of LM potencies in the management of Hypothyroidism.

LM potency being his latest discovery in the 6th edition of Organon, considering all the facts like homoeopathic aggravation is taken into consideration in my study.

By using 50 Millesimal potency we can

- i) Avoid severe homoeopathic aggravation.
- ii) It can be frequently repeated.
- iii) Reduce the symptoms of Hypothyroidism.

1.3 SCOPE OF STUDY

- i) To know the importance of LM potency in treating Hypothyroidism.
- ii) To know the frequently indicated medicines for Hypothyroidism.

1.4 STATEMENT OF PROBLEM

This study was conducted on the patients coming for treatment in the OPD, IPD and rural health centers of Sarada Krishna Homoeopathic Medical Collegiate Hospital. The study is based on the observations collected from the patients with Hypothyroidism.

2. AIMS AND OBJECTIVES

The following are the aims and objectives of this study:

- To know the importance of LM potencies in the management of Hypothyroidism.
- To determine the common etiological factors for Hypothyroidism.
- To know the frequently indicated medicines for Hypothyroidism.

3. REVIEW OF LITERATURE

A study published in Asian Journal of Homoeopathy titled, “Evidence to evaluate the Efficacy of Homoeopathic Treatment in Subclinical Hypothyroidism” on November 2007, in which decrease in the TSH level in 77.5% patients on Homoeopathic medicines due to the finestimal light isotopic forms which are capable of penetrating the Hypothalamus-Pituitary Axis. This shows the clear efficacy of Homoeopathy. ^[21]

Journal of Homoeopathic Clinics: A 19 year old female with a large swelling of the thyroid gland was treated with Bromine 3x, several times a day following by Calcarea Carbonica 0/3 and was relieved in three weeks’ time. ^[35]

Case Conference Proceedings conducted by the International Foundation for Homoeopathy in 1995 dealt with a case of primary hypothyroidism in female aged 30 was presented by Dr. George Guess. Patient presented with diffusely enlarged thyroid. Thyroid values were as follows: T4 = 1.0 mIU/L (normal is 4.5-13.0) and TSH = 50 mIU/L (normal is 0.4-6.0). She was prescribed Calcarea Carbonica 1M. After 5 months the thyroid values are: TSH = 10.7 mIU/L. ^[35]

Another study titled, “The role of Homoeopathic medicines on inhibition of serum TSH in cases of Subclinical Hypothyroidism” in Advancements in Homoeopathic Research: A case of a female aged 32 complaining about pain in the extremities with generalized oedema and irregular menstruation. Her TSH was 137 mIU/L. She was given Pulsatilla 200. After 5 months TSH was found to be 3.34 mIU/L, and her menstrual complaints have been cured. ^[8]

A clinical research conducted at Nehru Homoeopathic Medical College and Hospital in collaboration with INMAS in May 2004 to evaluate the effectiveness of Homoeopathic treatment in sub-clinical Hypothyroidism. Total 50 cases was taken for study, out of that 25 cases was with repeated TSH level and 20 cases TSH has come within normal limits. 2 cases with reduced TSH level and 3 cases with static TSH level. The 50 cases was treated with various Homoeopathic remedies. The study showed that Lycopodium, Phosphorus, Sulphur and Pulsatilla was found more effective in treating Hypothyroidism. [26]

A research study in Homoeopathic treatment of sub-clinical Hypothyroidism and reported in the Indian press was a randomized placebo-controlled single blind study based on 194 children with subclinical hypothyroidism (out of over 5,000 screened for thyroid disease). All the children had his TSH (thyroid stimulating hormone), and some also had autoantibodies to thyroid. Each received individualized homeopathic remedy or an identical placebo. 162 patients completed the study. A statistically significant change in TSH and thyroid antibodies was found in those patients given the active treatment, as compared with those given placebo. 10% of the children progressed to overt hypothyroidism from the placebo group, none from the treated group. [3]

An exploratory randomized control study on the efficacy of Homoeopathic intervention in sub-clinical Hypothyroidism. This study was undertaken to evaluate the efficacy of individualized homeopathy in these cases. Out of 5059 children screened for thyroid disorders, 537 children had sub-clinical hypothyroidism/autoimmune thyroiditis and 194 consented to participate. Based on primary outcome measures (TSH and/or antiTPOab) three major groups were formed: Group A – sub-clinical hypothyroidism/autoimmune thyroiditis (n = 38; high TSH with antiTPOab+), Group B – autoimmune thyroiditis (n = 47; normal TSH with antiTPOab+) and Group C –

sub-clinical hypothyroidism (n = 109; only high TSH) and were further randomized to two subgroups-verum and control. Individualized homeopathy or identical placebo was given to respective subgroup. 162 patients completed 18 months of study. The post treatment serum TSH (Group A and C) returned to normal limits in 85.94% of verum and 64.29% of controls ($p < 0.006$), while serum AntiTPOab titers (Group A and B) returned within normal limits in 70.27% of verum and 27.02% controls ($p < 0.05$). Eight children (10.5%) progressed to overt hypothyroidism from control group. ^[10]

A study conducted to evaluate the efficacy of homoeopathic treatment in sub clinical hypothyroidism (SCH). A single blind case control 18 months follow-up pilot study at NHMC & Hospital and Institute of Nuclear Medicine & Allied Sciences, Delhi, India under Dilli Homoeopathic Anusandhan Parishad (DHAP) revealed remarkable results about management of children on subclinical hypothyroidism. ^[13]

A clinical study was conducted to assess the role of homoeopathic remedy Thyroidinum 3x in the treatment of hypothyroidism. A randomized control study with 30 known cases of primary hypothyroidism. The cases were presenting with various symptoms such as weight gain 40% (n = 12), hair fall 20% (n = 6), weakness and lethargy 17% (n = 5), sleep disturbances 10% (n = 3), memory weakness 7% (n = 2), hoarseness of voice and dry skin. Thyroidinum 3x and placebo was given twice daily for the entire period of study. TSH level was considered as the assessment tool. And after the study it was concluded that about 50% to 90% of symptom relief has been obtained along with 100% reduction in the serum TSH level. ^[27]

A randomized placebo-controlled double blind study conducted to know the effect of Thyroidinum 30cH in reducing the body weight in thyroid patients. The outcome was measured with reduction of body weight 2 days after treatment. The result demonstrated that the patients receiving Thyroidinum had less weight reduction on day

2 after treatment. The outcome demonstrated significant weight reduction on day 1 after treatment with Thyrodinum. ^[44]

An epidemiological perspective study on the Thyroid disorders in India conducted by the Department of Endocrinology Amrita Institute of Medical Sciences estimated that about 42 million people in India suffers from Thyroid diseases. ^[49]

Another epidemiological study conducted in New Delhi stated that over 33 lakh adults per India over a time period of 2014-2016, where all three thyroid panel markers, namely TSH, T₄ and T₃ were included to produce a comprehensive data analysis, out of which 68 per cent of reports were normal. The study also showed that genetics play a crucial role in both determination of thyroid hormones and TSH concentrations and susceptibility to autoimmune deficiency. ^[24]

A research study conducted on the role of the T and B lymphocytes in pathogenesis of autoimmune thyroid diseases. The study described T cell subtypes play an essential role in the pathogenesis of autoimmune thyroiditis. The highest number of cases is observed between 45 and 65 age groups. In paediatric population, the most common age at presentation is adolescence, yet hypothyroidism may develop at any time, rarely even in infants. ^[41]

A research study on the prevalence of goitre and autoimmune thyroiditis in school children in Delhi after two decades of salt iodisation conducted at Thyroid Research Centre, Institute of Nuclear Medicine and Allied Sciences, Defence Research and Development Organization. The study determine the status of iodine nutrition on school children and prevalence of autoimmune thyroiditis. A total of 4,320 children were studied. Goitre was detected in 396 children. 112 children had evidence of

autoimmune thyroiditis. Out of these 77 were euthyroid, 23 had sub-clinical hypothyroidism, 8 had hypothyroidism and remaining 4 had hyperthyroidism. ^[18]

A clinical study conducted to determine the clinical features of hypothyroidism in different age groups by comparing the frequencies of the clinical signs and symptoms. The study showed that most of the patients were middle-aged, the mean being 50 years. The majority were females. Almost half of these patients were asymptomatic for hypothyroidism. The majority of symptoms were vague and not specific. ^[15]

A retrospective database survey of healthy short individuals and patients with severe thyroid hypoplasia or central hypothyroidism. The study showed that the ratio of serum free T₃ and T₄ has been constant in healthy adults. The ratio was decreased in athyreotic adult patients. Children due to congenital thyroid hypoplasia or central hypothyroidism have a decreased ratio compared to short normal children. ^[36]

A single centred retrospective observational study conducted from October 2009 and August 2014 in 108 patients with hypothyroidism to understand the weaning of L-thyroxine using Homoeopathic medicines as an add on therapy. The patients were grouped into group A receiving homoeopathic medicines along with hormone replacement therapy and group B receiving only homoeopathic medicines. The case is evaluated with respect to BMI (obesity), depression, thyroid assay and reduction in dosage of L-thyroxine. It was found that Homoeopathic medicines control depression and obesity well in patients with hypothyroidism. Thus concluded that homoeopathic medicines can reduce the drug dependency and reduce the dosage of L-thyroxine. ^[28]

A clinical study conducted to assess the usefulness of homoeopathic medicines on inhibition of serum TSH in patients with hypothyroidism. A total of 347 patients

were screened with TSH above 6.0 mIU/L, out of which 202 were found fit for study. Serum TSH was assessed before and after treatment. After comparing the pre and post treatment the results was found statistically significant. Calcarea carb, Lycopodium, Pulsatilla, Natrum mur were found to be most useful medicines. The result was that the homoeopathic medicines were able to inhibit serum TSH level significantly in 176 patients. ^[20]

In a prospective study, re-establishment of normal radioactive iodine uptake reference range in the era of universal salt iodization in the Indian population, conducted from April 2012 to September 2013, euthyroid volunteers who consented for the investigations were enrolled in the study. The investigation included neck ultrasonography, thyroid function tests thyroglobulin and anti-thyroid peroxidase antibody and urinary iodine concentration. Compared to the previous value there were considerable decrease in the RAIU values in euthyroid individuals. This was further corroborated with increase in urinary iodine concentration and decrease in thyroid volume, attributed to successful USI programme. Further studies with large samples are needed for confirming the findings. ^[5]

A clinical study to evaluate the effectiveness of antimiasmatic treatment for hypothyroidism. This study was conducted by the random selection of 30 cases from the OPD and IPD of Sarada Krishna Homoeopathic Medical Collegiate Hospital. From the study it was evident that there was marked improvement in the TSH level. Also there was considerable decrease in the BMI after antimiasmatic treatment on investigating the 30 cases according to the effectiveness of antimiasmatic medicines 70% of the cases showed marked improvement. ^[45]

A clinical study done on hypothyroidism and iodine deficiency in children on chronic parenteral nutrition. The study showed that children with chronic parenteral nutrition are at high risk for developing hypothyroidism; hence these children should be screened for these outcomes. [25]

In a population-based study done in Cochin, 971 adult subjects were studied for the prevalence of hypothyroidism. The result was that about 3.9% of adult people in India was found to have the prevalence of hypothyroidism.

Another population-based study conducted in India showed that the prevalence of sub-clinical hypothyroidism, the value being 9.4%. In women the prevalence was higher, at 11.4%, when compared to men the value being 6.2%.

A population-based study used cluster sampling strategy to find the prevalence of sub-clinical hypothyroidism increased with age. The study showed that about 53% of subjects with subclinical hypothyroidism were positive for anti-TPO antibodies. In this study the urinary iodine status was studied in 954 subjects and the median value was 211 µg/l. This suggested that this population was iodine sufficient. [29]

A study on the effectiveness of homoeopathic medicines in lowering the TSH level in hypothyroid patients. 30 cases were taken for the study from the OPD, IPD and rural centers of Sarada Krishna Homoeopathic Hospital. The before and after treatment value of TSH was assessed. The symptoms were assessed using Zulewski scale. The study provides the evidence that there is a significant reduction in the TSH levels after administering homoeopathic medicines. [40]

Another case study on Thyroid dysfunction in “The Homoeopathic Heritage” Sept 2012 deals with a case of a female aged 40 having scanty menstrual flow. TSH

level was 7.5 mIU/L, she was prescribed with Natrum Muriaticum 0/3. After 4 months of treatment the TSH level was found to be 4.79 mIU/L. ^[39]

In India Hypothyroidism is believed to be a common health issue, as it is worldwide. A cross-sectional epidemiological study was conducted in eight major cities (Bangalore, Chennai, Delhi, Goa, Mumbai, Hyderabad, Ahmedabad and Kolkata) of India to study the prevalence of hypothyroidism among adult population. It was found that there was a high prevalence of hypothyroidism, affecting approximately one in 10 adults in the study population. Females have a significant association with hypothyroidism. ^[43]

A clinical study conducted by taking 30 cases of patients with hypothyroidism from the OPD and IPD of Sarada Krishna Homoeopathic College Hospital to understand the dynamic action of Calcarea Carbonicum and Natrum Muriaticum. In this study it was evident that 1M potency was found more effective in treating hypothyroid patients. TSH level was considerably lowered through constitutional homoeopathic medicines. ^[33]

A clinical study conducted on different schools of Delhi included 4543 children was screened for the research under EMR project by AYUSH on Effects of Homoeopathic treatment on natural history of autoimmune thyroiditis. Thyroid-function status is checked clinically, serologically and ultrasonographically. Data of 4506 children has been analysed and found to have goitre in children (17%) even after two decades of iodization. ^[9]

A research study conducted on February 2000, found that the estimated number of people with undiagnosed thyroid disease may be 10 percent - a level that is double than what was previously thought. The undiagnosed people are about 11 crore in India.

Women are at a greater risk of developing thyroid problems seven times more often than men. The development of thyroid problems is high in case of women during her lifetime, which is as high as one in five chances. The age and family history of thyroid problems increases their risk also. The glandular function is reactivated through Homeopathy and not treating the problem by supplementing the deficiency or surplus. The medicines used for Hypothyroidism are: Bromium 6x, Thyroidinum 200. ^[4]

A single blind control study of 18 months follow-up was undertaken to evaluate the effectiveness of Homoeopathic treatment in cases of Subclinical hypothyroidism to overt hypothyroidism at OPD of NHMC&Hospital and Institute of Nuclear Medicine & Allied Sciences, Delhi, India. Decrease in TSH level was found in 77.5% patients on Homoeopathic treatment clearly indicates that Homoeopathic Medicines are capable of treating Hypothyroidism. None of the patient had gone to overt hypothyroidism. This suggest the potential role of homoeopathic medicine in reversing the functional and immune disturbances of thyroid gland. ^[22]

3.2 HYPOTHYROIDISM

3.2.1 Epidemiology

Worldwide about a billion people are estimated to be iodine deficient; however, it is unknown how often this results in hypothyroidism. Subclinical hypothyroidism is a common problem with prevalence of 3% - 8% in population without known thyroid diseases. ^[9]

The disease is common among women than men. The female: male ratio is approximately 6:1. Hypothyroidism is diagnosed in approximately 1% to 2% of pregnant women and 2.5% are found to have subclinical hypothyroidism. ^[31]

3.3 INVESTIGATION

The single best screening test is serum TSH. Serum TSH is increased in primary hypothyroidism but is low or normal with pituitary insufficiency. [29]

TSH TEST

The TSH test is blood test that measures the amount of thyroid stimulating hormones-TSH-in bloodstream. The test is also called the thyrotropin stimulating hormone test. Elevated TSH levels can indicate hypothyroidism. [15]

3.4 THERAPEUTICS [2,6,12]

Natrum Muriaticum

Great liability to take cold. The prolonged taking of excessive salt causes profound nutritive changes to take place in the system, and there arises not only the symptoms of salt retention as evidenced by dropsies and oedema, but also an alteration in the blood causing a condition of anaemia and leucocytosis. **Coldness**. Menses irregular; **Great weakness and weariness**. Great dryness of mucus membranes from lips to anus; constipation.

Calcarea Carbonica

Disposed to **grow fat**, corpulent, unwieldy tendency to obesity. **Coldness**: general; **of single parts** in youth. Girls who are **fleshy, plethoric**, being the keynote of its action, swelling of glands, scrofulous and rachitic conditions generally offer numerous opportunities for the exhibition of Calcarea. Pituitary and thyroid dysfunction. Persons of scrofulous type, who take cold easily. Great sensitiveness to

cold. Difficult swallowing. *Painless hoarseness*; worse in the morning. Great debility.

Sensation as if the throat were contractile once swallowing.

Pulsatilla

Adapted to persons of indecisive, slow, phlegmatic temperament; Woman inclined to be fleshy, with *scanty and protracted menstruation*. Great dryness of mouth in the morning, thirstlessness. *Tongue dry; covered with tenacious mucous*. **Great dryness of throat in the morning.**

Bromium

Stony, hard, scrofulous or swelling of glands, especially on lower jaw and throat (thyroid, sub maxillary, parotid, testes). Hoarseness coming on from being overheated. Hard goitre. The glands are **stony with a cancerous tendency**.

Spongia

Swelling and induration of glands; goitre. Thyroid gland swollen even with chin with suffocation at night. Violent pain and grasping respiration; awakened suddenly after midnight with suffocation and great anxiety. Swollen glands. Thyroid gland swollen. Stitches and dryness. *Hoarseness*.

Thyroidinum

Thyroid produces anaemia, emaciation, muscular weakness, sweating and headache, nervous tremor of face and limbs, tingling sensations, paralysis. Excessive obesity. Great weakness and hungry, marked sensitiveness to cold. Hypothyroidism after acute diseases. Easy fatigue, weak pulse, cold hands and feet, low blood pressure,

chilliness and sensitive to cold. *Palpitation from least exertion*. Throat- dry, congested, raw, burning.

Iodum

Persons of scrofulous diathesis, with dark or black hair and eyes; a low cachectic condition, with profuse debility. Great weakness. Hypertrophy and induration of glandular tissues. Palpitation, worse from least exertion. Sluggish vital reaction. Weakness and loss of breath. Thyroid enlarged. Great weakness during menses. Menstrual irregularities.

3.5 LM POTENCY

LM potencies was invented by Dr. Hahnemann towards the end of his life. He introduced this in 6th edition of Organon of Medicine. 'LM' represents the Roman numerical for '50,000'. These potencies are also called 'fifty millesimal potencies' because in this scale the material part of the medicine is decreased by 50,000 times for each degree of dynamization. In other words in this scale the first potency should contain 1/50,000th part of the first potency. ^[23]

Hahnemann used to write it as 0/1, 0/2, 0/3, 0/4.....0/30, where 0 represents the poppy size. At present a new style of style of writing is LM/1, LM/2, LM/3.....etc. which is more scientific.

This scale was termed as '50 Millesimal' by Dr. Pierre Schmidt of Geneva. Dr. S. Rawson described it as 'Succussed Dilution'. LM potency is also called Q potencies, both of which refers to the 1 in 50,000 dilution. Q is an abbreviation for quinquagintamillesimal, derived from Latin words quinquagesimus (50th) and millesimal (thousandth). ^[30]

3.6 EVOLUTION OF LM POTENCY

The fifty millesimal scale was introduced in the sixth edition of Organon which was published in 1920-1921, even though the work was completed in 1842. ^[42]

While practicing actively in Paris, Hahnemann, towards the last few years of his life completed a thorough revision of Organon by carefully going over paragraph by paragraph, making changes, annotations and additions. In Paris he had to deal with a large number of patients with unusually nervous excitability and noted troublesome medical aggravations even after using the 30th centesimal dilutions prepared according to the instructions in the fifth edition of Organon. This led him to a process of further minimizing the material quality of drugs to start with and using 100 succussions for each potency preparation. In the sixth edition of Organon Hahnemann has enunciated the principle for these ‘fifty millesimal potencies’. ^[17]

3.7 PRECURSOR OF THE IDEA OF LM POTENCY

The first breakthrough came in 1837, when the chapter in the ‘Chronic Diseases’ called ‘Concerning the technical part of Homoeopathy’ described a new method for administering the centesimal potencies. This led to a change in the dosing of the remedies because the variety among patients as to their irritability, age, spiritual and bodily development necessitated a great variety for the doses of medicines concerning their treatment and administration. ^[1]

Hahnemann felt that the ‘single dose and wait’ philosophy left too long a period of inaction and the speed of cure was often too slow as the practitioner could do nothing but wait for the remedy to complete its curative curve. Also, from his many comments

about violent reactions of the remedies, the sensitive patients he saw were producing undesirable aggravations which he constantly sought to escape from. ^[1]

It was made clear in the 6th edition of Organon of medicine where he introduced the process of ‘renewed dynamization’ for the preparation of homoeopathic remedies and their potencies, in place of centesimal scale. Justification for repetitions of medicines at frequent intervals has been specifically mentioned by him in aphorism 246 FN, 247 FN, 248 and its FN of Organon of Medicine, 6th edition. ^[19]

3.8 TERMINOLOGY OF LM POTENCY ^[17,32,50]

The dilutions of this method is named differently as Millesimal scale, 50 Millesimal scale, new potency and newest potency.

In Eastern region, some Homoeopaths indicate it as “new method” and Western countries as “LM method”, “water potency”.

Dr. Pierre Schmidt of Geneva termed it as “50 millesimal”.

Master Hahnemann denoted this method as “New dynamization method”, “New altered but perfected method” in footnote of aphorism 246, 6th edition of Organon of Medicine.

In aphorism 161 he termed it as “Renewed dynamization”.

Dr. Rawson described it as “succussed dilution”.

3.9 SIGN AND SYMBOL OF LM POTENCY ^[11,17,38]

This new method of dynamization is denoted by prefixing '0', which symbolically represent the poppy size globules to be used or by capital letters 'LM' as the roman alphabet, where 'L' stands for '50' and 'M' stands for 'Millesimal'.

Hahnemann denoted it as 0/1, 0/2, 0/3, etc.

In Western countries, the Homoeopaths use 1/0, 2/0, 3/0, etc.

In certain parts of Europe they denote it as Q1, Q2, Q3, etc. the Q means there 50 Millesimal. In this subcontinent the Homoeopaths use 0/1, 0/2, 0/3, or M/1, M/2, M/3, etc.

At present, around the world it is written LM/1, LM/2, LM/3, or 1LM, 2LM, 3LM, etc. and claimed it as more scientific.

3.10 ADVANTAGES OF LM POTENCY ^[11,50]

In Homoeopathy LM potency is the latest therapeutic system. It may help the practitioners in the following ways:

- LM potencies used in homoeopathy as it is having the advantage of being the most gentle of the all the ways. 'Highest ideal of cure' only be materialized with this potency.
- LM potency is the most flexible method.
- Hypersensitive people can be best treated using this potency.
- Chronic diseases, severe pathologies and miasms can be treated without adverse effect using LM potencies.
- LM potency have a highest power in development and its action is mildest.

- Medicines of Lm potency are milder in reaction.
- Medicines having long lasting action is permissible to be repeated frequently.
- May be applied through olfaction method.
- Least amenable to antidotes.
- The course of treatment can be minimized to half, quarter or even more less than that of centesimal potency.

4. MATERIALS & METHODS

4.1. SOURCE OF DATA

30 selected cases of the female patients with hypothyroidism visiting the OPD, IPD and Peripheral Centers of Sarada Krishna Homoeopathic Medical College and Hospital. Female patients of age groups of 18 – 40 years were taken for the study.

4.2. METHOD OF COLLECTION OF DATA

- Sample Size – Minimum 30 cases.
- Sampling Technique – Purposive Sampling.
- The data were recorded through observation in a stipulated case taking format.
- The cases were recorded by interview technique and observation.
- Recording is done in pre structured case record format.

4.3. INCLUSION CRITERIA

- Patients of age group between 18 years – 40 years.
- Females.
- Patients presenting with clinical symptoms of hypothyroidism.

4.4. EXCLUSION CRITERIA

- Patients of age group below 18 years and above 40 years.
- Pregnant women.
- Patients with complications of thyroid diseases, primary amenorrhoea and other systemic diseases.

4.5. METHODOLOGY

30 cases of female patients with hypothyroidism are selected from OPD, IPD and Peripheral Centers of Sarada Krishna Homoeopathic Medical College and Hospital. The case details were recorded in a standardized pre structured case format of Sarada Krishna Homoeopathic Medical College Hospital. Diagnosis was done according to clinical presentation, clinical history and physical examination of patient. Cases were analyzed and evaluated, repertorised and a similar remedy prescribed after referring the Materia Medica. Potency selection, follow-up and repetition were made based on the homoeopathic principles according to Organon of Medicine. LM scale potency was used in the study.

4.6 SELECTION OF TOOLS

- Pre structured case format.
- Diagnostic criteria for Hypothyroidism.
- Homoeopathic remedies for Hypothyroidism.

4.7 OUTCOME ASSESSMENT

- Assessment will be based on the symptomatic improvement criteria.
- Pre and post assessment of TSH levels.
- Effectiveness of LM potency in Hypothyroidism.

4.8 DATA COLLECTION

By interview technique and observation (Case study). Recording will be done in pre structured case record format.

4.9 STATISTICAL TECHNIQUES & DATA ANALYSIS

- Pre-test & post-test assessment using student's "t" test.

5.1 OBSERVATIONS AND RESULT

This section contains tables, charts and statistical analysis of 30 cases of Hypothyroidism.

5.1.1 DISTRIBUTION OF CASES ACCORDING TO AGE

Table No – 1

| SL.NO | AGE | NO. OF CASES | PERCENTAGE |
|-------|-------|--------------|------------|
| 1 | 18-23 | 6 | 20% |
| 2 | 24-29 | 6 | 20% |
| 3 | 30-35 | 5 | 17% |
| 4 | 36-40 | 13 | 43% |

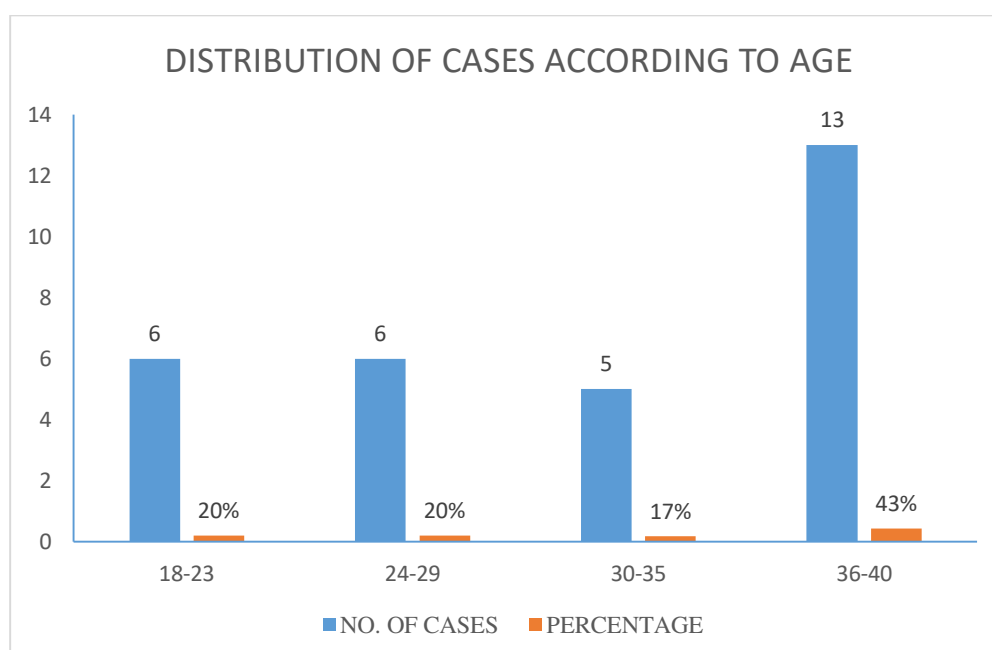


Chart No – 1

In the sample of 30 cases, maximum of 13 patients (43%) were between the age group of 36-40 years, 6 patients (20%) were between the age group of 18-23 years and 24-29 years, 5 patients (17%) were between the age group of 30-35 years.

5.1.2 DISTRIBUTION OF CASES ACCORDING TO OCCUPATION

Table No – 2

| SL.NO | OCCUPATION | NO. OF CASES | PERCENTAGE |
|--------------|-------------------|---------------------|-------------------|
| 1 | Housewife | 17 | 57% |
| 2 | Student | 5 | 17% |
| 3 | Teacher | 3 | 10% |
| 4 | Coolie | 1 | 3% |
| 5 | Company Employee | 1 | 3% |
| 6 | Accountant | 1 | 3% |
| 7 | Shopkeeper | 1 | 3% |
| 8 | Not Working | 1 | 3% |

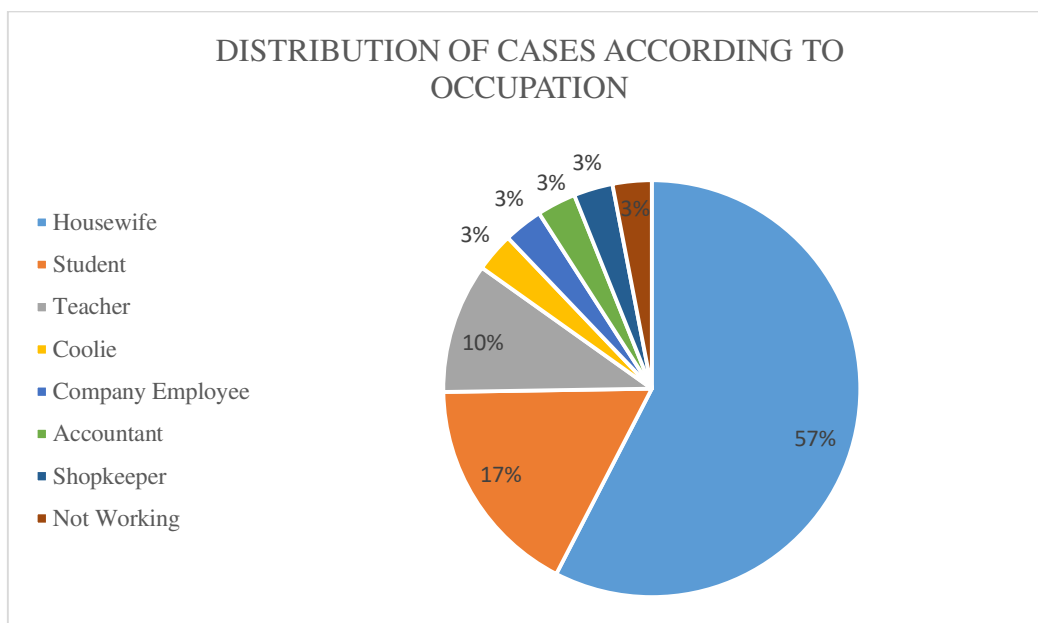


Chart No – 2

Out of 30 cases in the study, 17 cases (57%) were housewives, 5 cases (17%) were students, 3 cases (10%) each were coolie, company employee, accountant, shopkeeper and unemployed.

5.1.3 DISTRIBUTION OF CASES ACCORDING TO PAST HISTORY

Table No – 3

| SL.NO | PAST HISTORY | NO. OF CASES | PERCENTAGE |
|-------|---------------|--------------|------------|
| 1 | Chickenpox | 10 | 33% |
| 2 | Typhoid | 5 | 17% |
| 3 | Jaundice | 3 | 10% |
| 4 | Chikungunya | 3 | 10% |
| 5 | Hypertension | 2 | 7% |
| 6 | Renal calculi | 2 | 7% |
| 7 | Measles | 2 | 7% |

| | | | |
|----|--------------------|---|-----|
| 8 | Gall stones | 1 | 3% |
| 9 | Juvenile arthritis | 1 | 3% |
| 10 | Blindness | 1 | 3% |
| 11 | Cardiac complaint | 1 | 3% |
| 12 | No Illness | 6 | 20% |

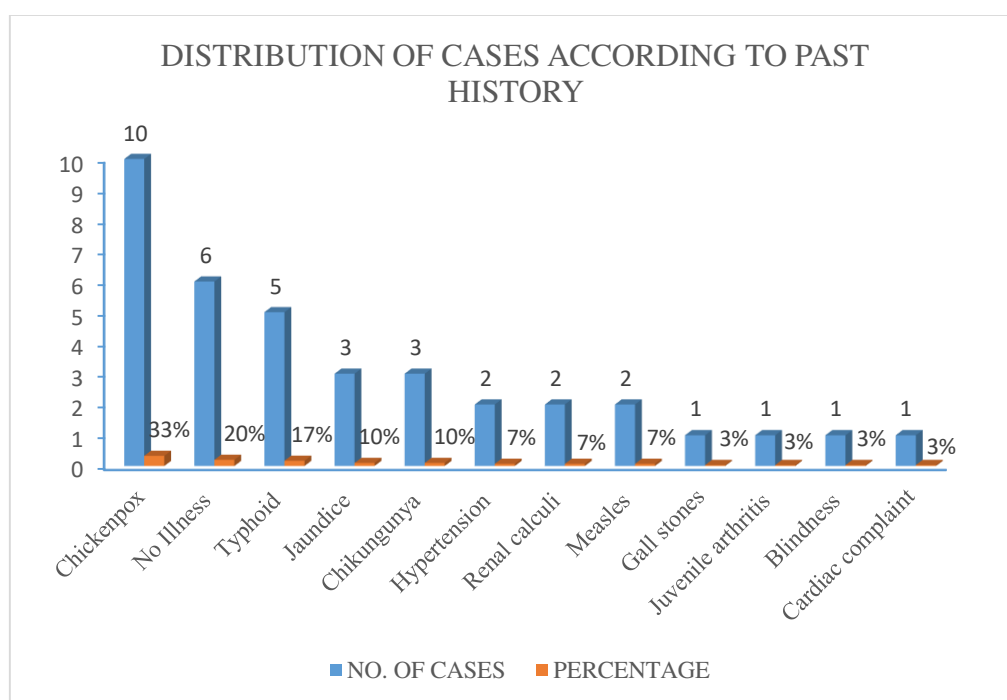


Chart No – 3

Out of 30 cases, 10 cases (33%) had past history of chickenpox, 6 cases (20%) had no illness, 5 cases (17%) had typhoid, 3 cases (10%) each had jaundice and chikungunya, 2 cases (7%) each had hypertension, renal calculi, measles and 1 case each had gall stone, juvenile arthritis, blindness and cardiac complaints.

5.1.4 DISTRIBUTION OF CASES ACCORDING TO FAMILY HISTORY

Table No – 4

| SL.NO | FAMILY HISTORY | NO. OF CASES | PERCENTAGE |
|-------|-------------------|--------------|------------|
| 1 | Diabetes Mellitus | 7 | 23% |
| 2 | Hypothyroidism | 5 | 17% |
| 3 | Hypertension | 5 | 17% |
| 4 | Rheumatism | 4 | 13% |
| 5 | Asthma | 1 | 3% |
| 6 | Renal Failure | 1 | 3% |
| 7 | Tuberculosis | 1 | 3% |
| 8 | Cancer | 1 | 3% |
| 19 | Jaundice | 1 | 3% |
| 10 | No Illness | 16 | 53% |

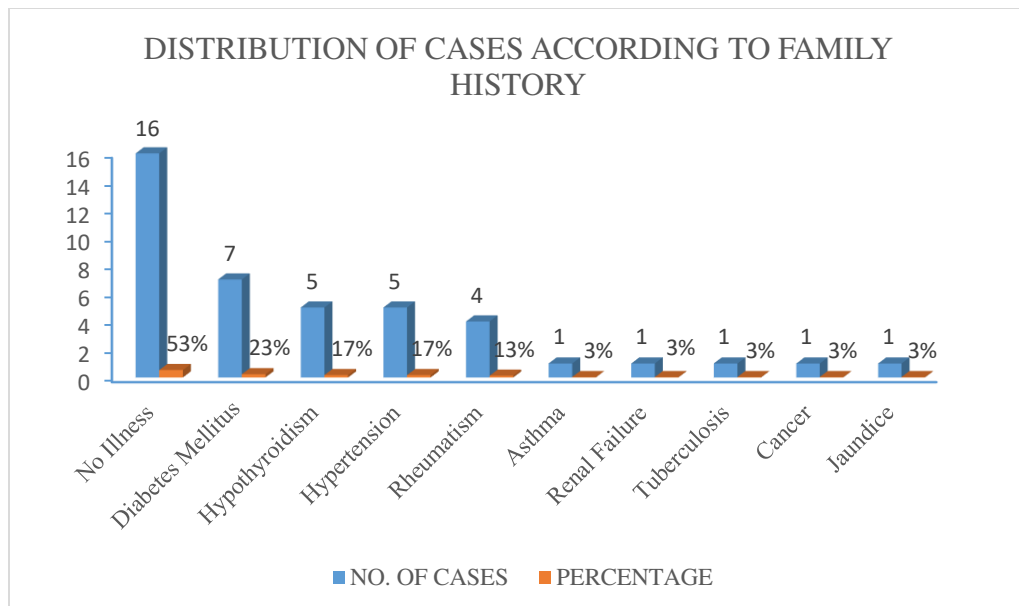


Chart No – 4

Out of the 30 cases with respect to the family history 16 cases (53%) patients does not have any family history, 7 cases (23%) patients had family history of diabetes mellitus, 5 cases (17%) patients had hypertension, 4 cases (13%) patients had rheumatism, 3 cases (10%) patients had thyroid complaints, 2 cases (7%) patients had hypothyroidism, 1 case (3%) patient each had family history as asthma, renal failure, tuberculosis, cancer and jaundice.

5.1.5 DISTRIBUTION OF CASES ACCORDING TO FOOD HABITS

Table No – 5

| SL.NO | FOOD HABITS | NO. OF CASES | PERCENTAGE |
|-------|-------------|--------------|------------|
| 1 | Non Veg | 28 | 93% |
| 2 | Veg | 1 | 3% |
| 3 | Egg Veg | 1 | 3% |

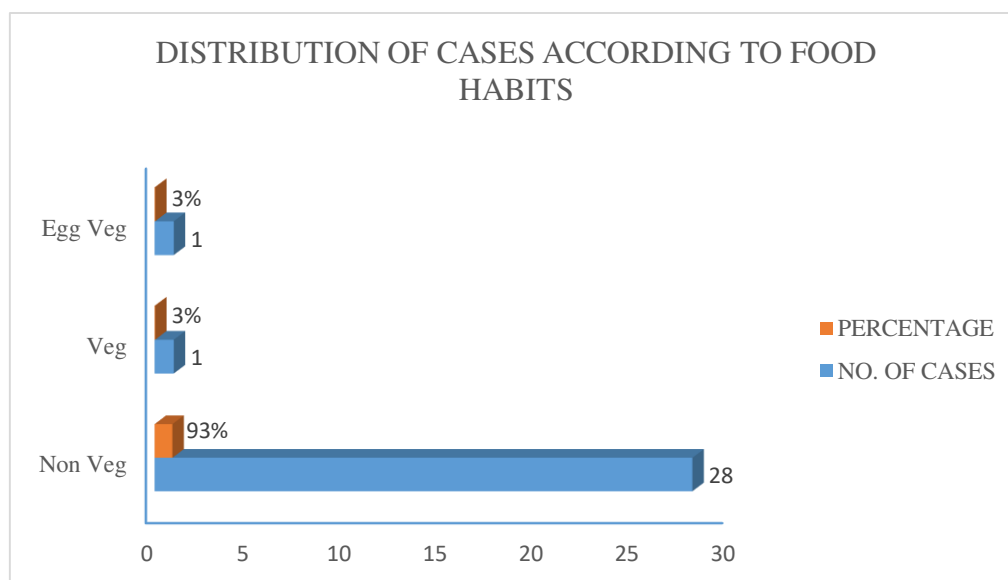


Chart No – 5

Out of 30 cases with respect to the food habits of the patient, 28 cases (93%) patients were non vegetarian, 1 case (3%) each where one was pure vegetarian and in the other egg combined with vegetables.

5.1.6 DISTRIBUTION OF CASES ACCORDING TO MIASM

Table No – 6

| SL.NO | MIASM | NO. OF CASES | PERCENTAGE |
|-------|------------------------|--------------|------------|
| 1 | Psora | 13 | 43% |
| 2 | Psora-Sycosis | 10 | 33% |
| 3 | Psora-Syphilis | 6 | 20% |
| 4 | Psora-Sycosis-Syphilis | 1 | 3% |

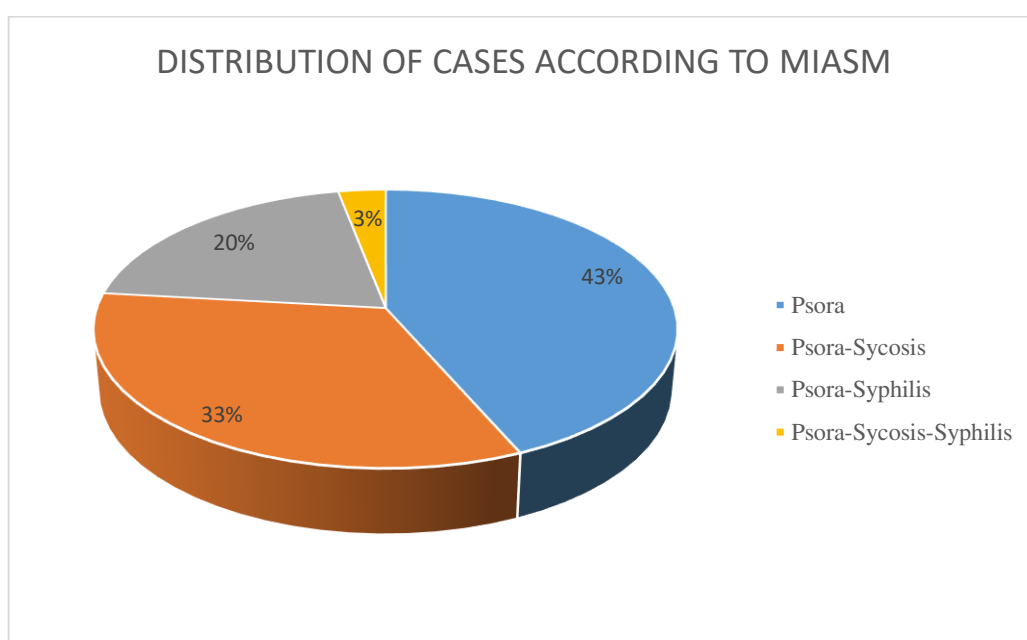


Chart No – 6

According to the study 13 cases (43%) had Psora as their predominant miasm, 10 cases (33%) had Psora-Sycosis as their miasm, 6 cases (20%) had Psora-Syphilis as their miasm and 1 case (3%) was Psora-Sycosis-Syphilis.

5.1.7 DISTRIBUTION OF CASES ACCORDING TO MEDICINE

Table No – 7

| SL.NO | MEDICINE | NO. OF CASES | PERCENTAGE |
|-------|---------------------|--------------|------------|
| 1 | Calcarea Carbonica | 12 | 40% |
| 2 | Natrum Muriaticum | 10 | 33% |
| 3 | Lycopodium Clavatum | 3 | 10% |
| 4 | Silicea Terra | 1 | 3% |
| 5 | Mercurius Solubilis | 1 | 3% |
| 6 | Sulphur | 2 | 7% |
| 7 | Sepia Officinalis | 1 | 3% |

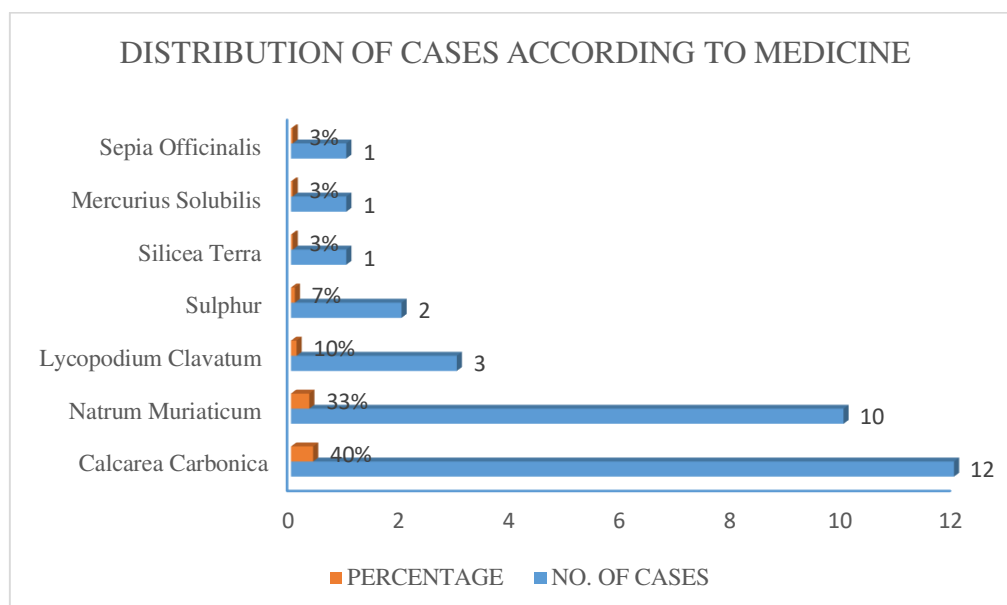


Chart No – 7

For the sample of 30 cases the medicine was prescribed based on the totality and out of the 30 cases 12 cases (40%) Calcarea Carbonica was prescribed, 10 cases (33%) Natrum Muriaticum was prescribed, 3 cases (10%) Lycopodium was prescribed, 2 cases (7%) Sulphur was prescribed, 1 case (3%) was prescribed with Silicea, Mercurius Solubilis and Sepia.

5.1.8 DISTRIBUTION OF CASES ACCORDING TO PRE AND POST TSH LEVELS

Table No – 8

| SL.NO | PRE TSH LEVEL | POST TSH LEVEL |
|--------------|----------------------|-----------------------|
| 1 | 12.03 | 5.1 |
| 2 | 7.89 | 5.15 |
| 3 | 6.89 | 0.49 |
| 4 | 11.12 | 6.12 |
| 5 | 6 | 4 |
| 6 | 10.66 | 1.91 |
| 7 | 6.8 | 5.4 |
| 8 | 5.53 | 4.43 |
| 9 | 12.09 | 2.96 |
| 10 | 5.06 | 4.01 |
| 11 | 6.19 | 5 |
| 12 | 6.55 | 5.55 |
| 13 | 6.57 | 5.01 |
| 14 | 9.71 | 5.78 |
| 15 | 10.3 | 5.51 |

| | | |
|----|-------|------|
| 16 | 7.03 | 6.01 |
| 17 | 96 | 2.99 |
| 18 | 7.12 | 3.83 |
| 19 | 7.24 | 5 |
| 20 | 6.03 | 5.4 |
| 21 | 6.12 | 5.4 |
| 22 | 10.01 | 6.02 |
| 23 | 8.08 | 5.5 |
| 24 | 8.57 | 5.5 |
| 25 | 7.4 | 3.46 |
| 26 | 7.62 | 5.42 |
| 27 | 12.05 | 5.12 |
| 28 | 12.34 | 6.02 |
| 29 | 7.81 | 4.44 |
| 30 | 42.63 | 4.24 |

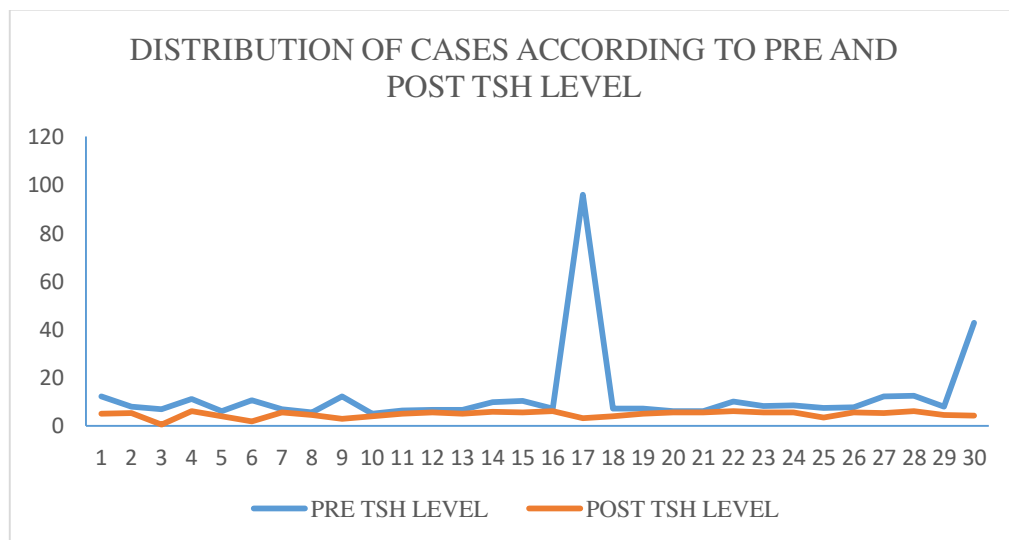


Chart No – 8

Out of the 30 cases in the study the TSH level was found to be reduced after the treatment in all the 30 cases.

5.1.9 DISTRIBUTION OF CASES ACCORDING TO PRE AND POST BMI VALUES

Table No – 9

| SL.NO | PRE BMI VALUE | POST BMI VALUE |
|--------------|----------------------|-----------------------|
| 1 | 28.6 | 27.5 |
| 2 | 30.3 | 30.3 |
| 3 | 26.7 | 26.7 |
| 4 | 39.8 | 42.8 |
| 5 | 29.8 | 29.8 |
| 6 | 26.1 | 25.9 |
| 7 | 29.9 | 29.4 |
| 8 | 26.5 | 27 |
| 9 | 26.8 | 25.6 |
| 10 | 23.7 | 24.1 |
| 11 | 24.1 | 25 |
| 12 | 36.66 | 35.9 |
| 13 | 25.3 | 24.5 |
| 14 | 43.8 | 43.8 |
| 15 | 26.8 | 26.4 |
| 16 | 24.2 | 23.8 |
| 17 | 22.2 | 22.4 |
| 18 | 26.3 | 26.2 |

| | | |
|----|------|------|
| 19 | 18.1 | 18.5 |
| 20 | 22 | 22 |
| 21 | 24.7 | 24.7 |
| 22 | 25.5 | 25 |
| 23 | 26.9 | 26.5 |
| 24 | 21.4 | 20.7 |
| 25 | 27.6 | 27.8 |
| 26 | 25.5 | 26.2 |
| 27 | 46.8 | 44.7 |
| 28 | 32.7 | 32.4 |
| 29 | 25 | 24.9 |
| 30 | 23 | 23.1 |

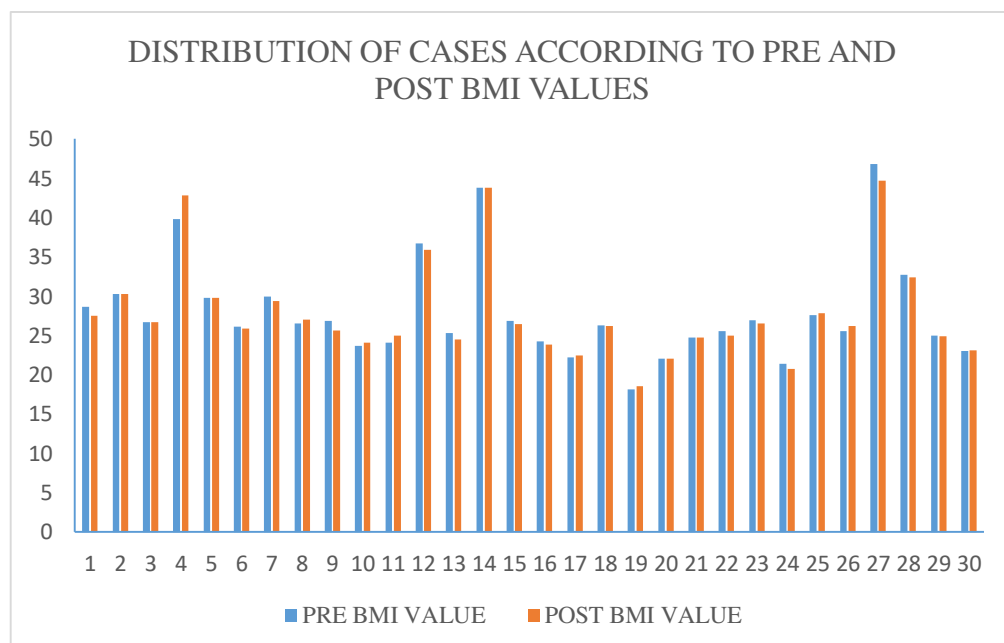


Chart No – 9

Out of the 30 cases in the study 21 cases shows decrease in the BMI values, 5 cases shows no change in BMI and 4 cases shows increase in the BMI values.

5.1.10 DISTRIBUTION OF CASES ACCORDING TO BEFORE AND AFTER SCORING

Table No – 10

| SL.NO | BEFORE SCORE | AFTER SCORE |
|--------------|---------------------|--------------------|
| 1 | 5 | 1 |
| 2 | 2 | 1 |
| 3 | 2 | 1 |
| 4 | 3 | 1 |
| 5 | 2 | 0 |
| 6 | 3 | 0 |
| 7 | 2 | 0 |
| 8 | 1 | 1 |
| 9 | 2 | 0 |
| 10 | 1 | 1 |
| 11 | 3 | 1 |
| 12 | 4 | 0 |
| 13 | 6 | 0 |
| 14 | 4 | 0 |
| 15 | 2 | 0 |
| 16 | 0 | 0 |
| 17 | 1 | 1 |
| 18 | 0 | 0 |

| | | |
|----|---|---|
| 19 | 2 | 1 |
| 20 | 3 | 1 |
| 21 | 1 | 0 |
| 22 | 2 | 0 |
| 23 | 4 | 0 |
| 24 | 1 | 0 |
| 25 | 1 | 0 |
| 26 | 3 | 0 |
| 27 | 3 | 0 |
| 28 | 3 | 0 |
| 29 | 2 | 0 |
| 30 | 3 | 0 |

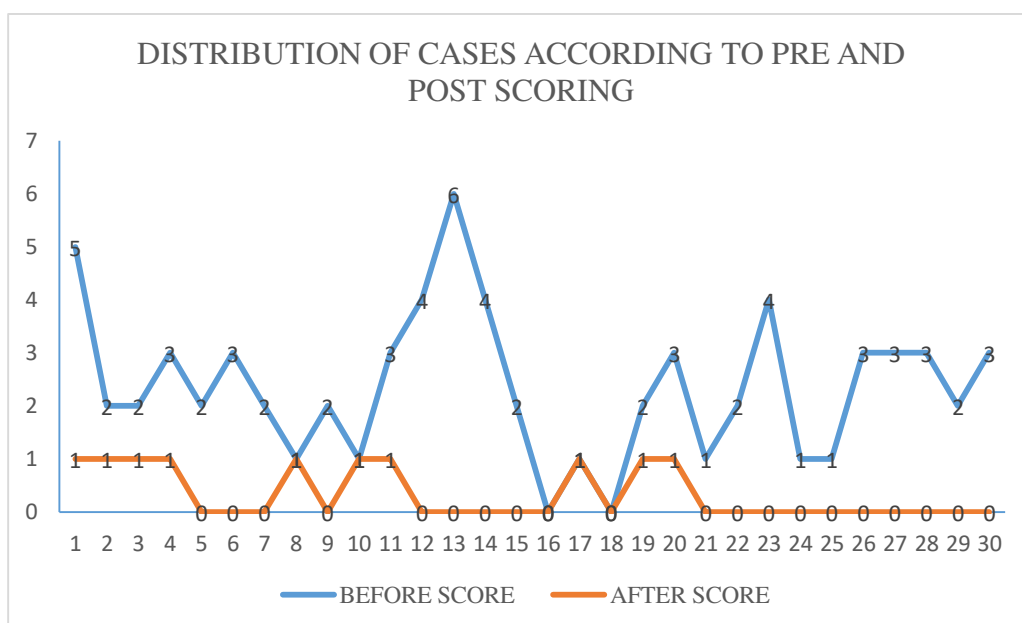


Chart No – 10

In the sample of 30 cases all the cases shows decrease in the symptom score.

5.2 SUMMARY OF FINDINGS

A sample total of 30 cases were taken for the study at random and the following conclusions are obtained.

In my study the most common age group of Hypothyroidism in females was found to be 36-40 age group (43%).

The prevalence of Hypothyroidism was found in housewife (57%).

In the study a majority of 10 cases (33%) had past history of chickenpox.

Among the 30 cases 7 cases (23%) had a family history of diabetes mellitus.

Out of the 30 cases, 28 cases (93%) were having Non vegetarian food habits.

According to the study, 13 cases (43%) had Psora as the predominant miasm.

Based on the study, about 12 cases (40%) were treated with Calcarea Carbonica.

Through this study all the 30 cases showed significant reduction in the TSH levels after treatment.

In this study, 21 cases showed decrease in the BMI values after treatment.

The disease symptom score showed significant improvement after the treatment.

The Homoeopathic remedies were given in LM potency and it was found efficacious in the treatment of Hypothyroidism in females as all the 30 cases showed marked reduction in the TSH value.

5.3. STATISTICAL ANALYSIS

| SL.NO | X | Y | d=X-Y | d- \bar{d} | (d- \bar{d}) ² |
|-------|-------|------|-------|--------------|------------------------------|
| 1 | 12.03 | 5.1 | 6.93 | -0.67 | 0.4489 |
| 2 | 7.89 | 5.15 | 2.74 | -4.86 | 23.6196 |
| 3 | 6.89 | 0.49 | 6.4 | -1.2 | 1.44 |
| 4 | 11.12 | 6.12 | 5 | -2.6 | 6.76 |
| 5 | 6 | 4 | 2 | -5.6 | 31.36 |
| 6 | 10.66 | 1.91 | 8.75 | 1.15 | 1.3225 |
| 7 | 6.8 | 5.4 | 1.4 | -6.2 | 38.44 |
| 8 | 5.53 | 4.43 | 1.1 | -6.5 | 42.25 |
| 9 | 12.09 | 2.96 | 9.13 | 1.53 | 2.3409 |
| 10 | 5.06 | 4.01 | 1.05 | -6.55 | 42.9025 |
| 11 | 6.19 | 5 | 1.19 | -6.41 | 41.0881 |
| 12 | 6.55 | 5.55 | 1 | -6.6 | 43.56 |
| 13 | 6.57 | 5.01 | 1.56 | -6.04 | 36.4816 |
| 14 | 9.71 | 5.78 | 3.93 | -3.67 | 13.4689 |
| 15 | 10.3 | 5.51 | 4.79 | -2.81 | 7.8961 |
| 16 | 7.03 | 6.01 | 1.02 | -6.58 | 43.2964 |
| 17 | 96 | 2.99 | 93.01 | 85.41 | 7294.868 |
| 18 | 7.12 | 3.83 | 3.29 | -4.31 | 18.5761 |
| 19 | 7.24 | 5 | 2.24 | -5.36 | 28.7296 |
| 20 | 6.03 | 5.4 | 0.63 | -6.97 | 48.5809 |
| 21 | 6.12 | 5.4 | 0.72 | -6.88 | 47.3344 |
| 22 | 10.01 | 6.02 | 3.99 | -3.61 | 13.0321 |
| 23 | 8.08 | 5.5 | 2.58 | -5.02 | 25.2004 |
| 24 | 8.57 | 5.5 | 3.07 | -4.53 | 20.5209 |

| | | | | | |
|-------|-------|------|-------------------|-------|-----------------------------------|
| 25 | 7.4 | 3.46 | 3.94 | -3.66 | 13.3956 |
| 26 | 7.62 | 5.42 | 2.2 | -5.4 | 29.16 |
| 27 | 12.05 | 5.12 | 6.93 | -0.67 | 0.4489 |
| 28 | 12.34 | 6.02 | 6.32 | -1.28 | 1.6384 |
| 29 | 7.81 | 4.44 | 3.37 | -4.23 | 17.8929 |
| 30 | 42.63 | 4.24 | 38.39 | 30.79 | 948.0241 |
| Total | | | $\sum d = 228.67$ | | $\sum (d - \bar{d})^2 = 8884.063$ |

X= Score before treatment D= Mean difference

Y= Score after treatment

Computerised Statistical Analysis (Microsoft Excel)

| | Variable 1 | Variable 2 |
|------------------------------|--------------|-------------|
| Mean | 12.31466667 | 4.692333333 |
| Variance | 293.8431016 | 1.686777126 |
| Observations | 30 | 30 |
| Pearson Correlation | -0.242937755 | |
| Hypothesized Mean Difference | 0 | |
| Df | 29 | |
| t Stat | 2.38529309 | |
| P(T<=t) one-tail | 0.011909618 | |
| t Critical one-tail | 1.699127027 | |
| P(T<=t) two-tail | 0.023819237 | |
| t Critical two-tail | 2.045229642 | |

A. Null Hypothesis

There is no difference between the scores taken before and after Homoeopathic treatment.

B. Alternate Hypothesis

There is difference between the scores before and after the Homoeopathic treatment.

C. Standard error of the mean difference

The mean of the differences, $\bar{d} = \Sigma d/n$

[Where $\Sigma d = 228.67$, $n = 30$]

$$= 228.67/30$$

$$= 7.622$$

The estimate of population standard deviation is given by,

$$SD = \sqrt{\Sigma (d-\bar{d})^2 / (n-1)}$$

[Where $\Sigma (d-\bar{d})^2 = 8884.063$, $n = 30$]

$$= \sqrt{8884.063/29}$$

$$= 17.503$$

Standard error (S.E) = SD / \sqrt{n}

$$= 17.503 / \sqrt{30}$$

$$= 3.196$$

$$\begin{aligned}\text{Critical ratio} = t &= \frac{\bar{d}}{SD/\sqrt{n}} \\ &= 7.662 / 3.196 \\ &= 2.385\end{aligned}$$

D. Comparison with tabled value

The critical ratio t follows a distribution with $n-1$ degrees of freedom. The tabled value at 5 % significance level is 2.045 for 29 degrees of freedom. Since the calculated value 2.385 is greater than the tabled value at 5% significance level. Thus the null hypothesis is rejected.

E. Inference

This study shows significant reduction in the disease intensity scores after Homoeopathic treatment. Therefore, this study shows that Homoeopathic treatment with LM potency was effective in treating Hypothyroidism in females.

6. DISCUSSION

The subjects of the study were selected from those female patients with Hypothyroidism were attending the OPD, IPD and rural health centers of Sarada Krishna Homoeopathic Medical Collegiate Hospital as per the criteria of the study.

A total of 30 cases were recorded in the pre structured case record format. Then the cases were analysed and the totality erected. The pre and post values of TSH was considered for the assessment of the study. Then the 't' value is calculated to test the significance.

The following observations are made based on the analysis from the 30 cases of female patients with Hypothyroidism.

AGE: Maximum of 13 patients (43%) were between the age group of 36-40 years, 6 patients (20%) were between the age group of 18-23 years and 24-29 years, 5 patients (17%) were between the age group of 30-35 years.

OCCUPATION: Out of 30 cases in the study, 17 cases (57%) were housewives, 5 cases (17%) were students, 3 cases (10%) each were coolie, company employee, accountant, shopkeeper and unemployed.

PAST HISTORY: Out of 30 cases, 10 cases (33%) had past history of chickenpox, 6 cases (20%) had no illness, 5 cases (17%) had typhoid, 3 cases (10%) each had jaundice and chikungunya, 2 cases (7%) each had hypertension, renal calculi, measles and 1 case each had gall stone, juvenile arthritis, blindness and cardiac complaints.

FAMILY HISTORY: Out of the 30 cases with respect to the family history 16 cases (53%) does not have any family history, 7 cases (23%) patients had family history of diabetes mellitus, 5 cases (17%) patients had hypertension, 4 cases (13%) patients had

rheumatism, 3 cases (10%) patients had thyroid complaints, 2 cases (7%) patients had hypothyroidism, 1 case (3%) patient each had family history as asthma, renal failure, tuberculosis, cancer and jaundice.

FOOD HABITS: Out of the 30 cases with respect to the food habits of the patient, 28 cases (93%) patients were non vegetarian, 1 case (3%) each were vegetarian and egg combined with vegetarian foods.

MIASM OF PATIENT: According to the study 13 cases (43%) had psora as their predominant miasm, 10 cases (33%) had psora-sycosis as their miasm, 6 cases (20%) had psora-syphilis as their miasm and 1 case (3%) was psora-sycosis-syphilis.

PRESCRIBED MEDICINE: Based on the study Calcarea Carbonica was prescribed for 12 cases (40%), Natrum Muriaticum for 10 cases (33%), Lycopodium for 3 cases (10%), Sulphur for 2 cases (7%) and Silicea, Mercurius Solubilis, Sepia each for 1 case (3%).

TSH LEVEL OF PATIENTS BEFORE AND AFTER TREATMENT: Out of the 30 cases in the study the TSH level was found to be reduced after the treatment in all the 30 cases.

BMI VALUE OF PATIENTS BEFORE AND AFTER TREATMENT: According to the study out of 30 cases, 21 cases shows decrease in the BMI values, 5 cases shows no change in the BMI value and 4 cases shows increase in the BMI value.

SYMPTOM SCORES OF PATIENTS BEFORE AND AFTER TREATMENT: In my study, it is inferred that homoeopathic treatment showed significant reduction in the symptom scores in all the Hypothyroidism cases.

Out of the 30 cases included in the study, all the cases presented with primary Hypothyroidism.

6.1 LIMITATIONS

1. Number of samples used in this study is very small. Therefore, generalisation of the result and inferences of the study need to be done cautiously.
2. Some good cases couldn't be considered in this study because of discontinued treatment in between the study period.
3. Selection of cases were difficult since many of the cases were irregular for reporting.
4. This is a time bound study.
5. There was no control group since the sample size was small.

6.2 RECOMMENDATIONS

1. Bigger sample size with extended time of research would provide better results.
2. It will be always scientific if control (placebo) group would have been kept simultaneously to verify the effectiveness of treatment.
3. Universal standardized scale be used (Zulewski's Clinical Score), so that evaluation of outcome of the study would become precise.

7. CONCLUSION

The study consist of a sample of 30 female patients with Hypothyroidism from the OPD, IPD and rural health centers of Sarada Krishna Homoeopathic Medical College and Hospital and the following conclusion were obtained after the statistical analysis.

In this study the most common age group for Hypothyroidism was found to be from 36 – 40 years. Prevalence was more in housewives. Out of 30 cases about 33% of the cases had past history of chickenpox and 23% of cases had family history of diabetes mellitus. About 93% of cases non vegetarians were most commonly affected.

The predominant miasm in most of the cases were Psora, followed by Psora-Sycosis. Calcarea Carbonica was found to be the most indicated remedy with Natrum Muriaticum second in the treatment of Hypothyroidism. All the cases included in the study presented with primary Hypothyroidism.

In all the 30 cases there were marked reduction in the TSH value after treatment. In maximum number of cases the BMI initially increased during the treatment followed by reduction after treatment.

In majority of cases 0/3 potency were indicated and LM potency was found to be effective in the treatment of Hypothyroidism in females.

8. SUMMARY

30 cases of female patients with Hypothyroidism was selected randomly for the study from the OPD, IPD and rural health centers of Sarada Krishna Homoeopathic Medical College and Hospital.

The case was taken according to the pre structured case record format. The diagnosis was made according to the clinical presentation of Hypothyroidism.

The case was analysed and the totality erected. The medicine was selected using repertorization and prescribed according to the similarity in LM potency.

The TSH value was analysed before and after the treatment. The symptomatic improvement was analysed by before and after treatment symptom score. The improvement assessed on before and after treatment value of BMI. Majority of the cases presented with neck swelling, weight gain, menstrual irregularities and hair fall. The different presentation and various medicines of Hypothyroidism was understood through this study. Out of the 30 cases included in the study all the cases presented with primary Hypothyroidism.

Majority of the cases showed good improvement after the treatment. For statistical assessment the pre-test and post-test of student's "t" test is used.

The result of the study is that Homoeopathic medicine was very effective in the treatment of female patients with Hypothyroidism using LM potency.

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APPENDIX I

GLOSSARY

1. Aggravation: A situation in which the patient feels worse from or symptoms are increased by a remedy. Denoted by “<”.
2. Amelioration: An improvement of the patient or decrease in symptoms. Denoted by “>”.
3. Dose: A dose is the quantity of drug or other therapeutic agent taken at a time or in fractional amounts within a stated period.
4. LM potency: LM potencies were developed by Dr. Samuel Hahnemann and introduced in the 6th edition of Organon of Medicine. In this scale the material part of medicine was decreased by 50,000 times for each degree of dynamisation.
5. Miasm: Miasm is an influencing or infecting agent being a particular forms of minute, invisible, animated being or specific to particular form of disease.
6. Potency: Potency is the degree of dilution that a homoeopathic remedy has undergone in its manufacturing process. This is indicated by the number and letters listed after the name of the remedy.
7. Potentization: Potentization is the process of minimising the toxic effects of the crude drug substance and increasing its dynamic, curative property. Succussion and trituration are the methods involved.
8. Remedy: A medicine, application or treatment that relieves or cures a disease.
9. Repertorization: Repertorization is a method that is used to analyse the patient’s symptoms and thus compare the various medicines that may be appropriate.

10. Symptom: A physical or mental feature which is regarded as indicating a condition of disease that is apparent to the patient.
11. Thyroid Stimulating Hormone: TSH is produced by the pituitary gland and stimulates the thyroid gland to make and release thyroid hormones into blood.

APPENDIX II

‘Case Records Are Our Valuable Asset’

SARADA KRISHNA

CONFIDENTIAL

HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

KULASEKHARAM, KANNIYAKUMARI DIST, TAMIL NADU- 629 161

CHRONIC CASE RECORD

Date:

Unit.....

Regn. No.....

1. PERSONAL DATA

Name of Patient:.....

Age :..... yrs Sex : M/F/T Religion :..... Nationality :.....

Name of Father / Spouse / Guardian / son / Daughter

Marital status : Single / Married . Widow (er) / Divorcee / Live-relation

Occupation :..... Income per capita :.....

Family size (members living together) :.....

Diet : Veg. / Non veg. / Mixed

Address :.....

.....

Phone (Office) Residence

Mobile e-mail

Referred to by:.....

FINAL DIAGNOSIS :

| | |
|--------------|--|
| Homoeopathic | |
| Disease | |

| | | | | | |
|----------------|-------|----------|----------|-----------|---------|
| RESULT: | Cured | Relieved | Referred | Otherwise | Expired |
|----------------|-------|----------|----------|-----------|---------|

Attending Physician

2. Initial presentation of illness

| PATIENT'S NARRATION (In the very expression used by him / her) | PHYSICIAN'S INTERROGATION (Details regarding symptoms narrated) | PHYSICIAN'S OBSERVATON |
|---|--|-----------------------------------|
| | | |

3. Presenting Complaint (s)

(patient's narration of ailments chronologically with duration and intensity)

| Location (tissues, organs, systems extension & duration direction & frequency) | Sensation & Pathology | Modalities (>,<) & A/F (=) | Concomitants, if any |
|---|-----------------------------|-------------------------------------|-------------------------|
| A. Chief Complaints(s) | | | |
| B. Associated complaints(s) (In chronological order with duration) | | | |

3. H/o Presenting Illness :

(origin, duration and progression of each symptom in chronological order along with its mode of onset, probable cause (s), details of treatment and their outcome)

4. H/o Previous Illness

| No. | Age/Year | Illness, trauma, fright, burns(s), drug allergy(ies), operation(s), exposure(s), inoculation, vaccination(s), serum, steroids, hormone therapy, antibiotics, analgesics, etc | Treatment adopted | Outcome |
|-----|----------|--|-------------------|---------|
| | | | | |

5. H/o FAMILY ILLNESS

6. PERSONAL HISTORY:

A. LIFE SITUATION

Place of birth :

Religion :

Education :

Occupation :

Socio-economic status :

Nutritional status :

Marital status :

Family status :

B. HABTS & HOBBIES:

Food :

Addictions :

Sleep :

Artistic :

Games / Sports :

C. DOMESTIC RELATIONS:

With family members :

With other relatives :

With neighbours / friends / colleagues :

D. SEXUAL RELATIONS:

Pre-marital:

Marital:

Extra Marital:

- 7. LIFE SPACE INVESTIGATIONS** (as perceived by the ‘Interrogator/
Physician)
(birth and early development (milestone), behaviour during childhood,
education, adolescence & psychosexual history, occupational history, mental
history, children, geriatrics history & travel history)

8. GYNAECOLOGICAL HISTORY

A. Menses

B. Previous History

C. Climacteric

D. Abnormal Vaginal Discharges

E. H/o gynaecological surgeries : Yes/No
(If yes state the reason)

9. OBSTETRICAL HISTORY

A. Previous Pregnancies including abortion:

B. Contraceptive method(s) adopted:

C. Present Pregnancy:

D. Physical Examination – Gynaecological / Obstetrical

10. GENERAL SYMPTOMS

A. Physicals

i. Functional

Appetite:

Thirst:

Sleep:

ii. Eliminations

Stool:

Urine:

Sweat:

iii. Reactions to

iv. Constitutional

B. Mental General

- i. Will & emotions including motivation**
- ii. Understanding and intellect**
- iii. Memory**

11. PHYSICAL EXAMINATION

A. General Examination

- Conscious/unconscious
- General appearance
- General built
- Ht : cm Wt : Kg BMI :
- Anaemia
- Jaundice
- Cyanosis
- Oedema
- Skin
- Nails
- Gait
- Lymphadenopathy
- Blood pressure Pulse
- Temp Resp. rate
- Others

B. Systemic Examination

- ## v. Skin and Glands

vi. Musculo-skeletal system

vii. Central Nervous system

viii. Endocrine

ix. Eye & ENT

x. Others

C. REGIONALS

12. LABORATORY INVESTIGATIONS & FINDING AND SURGICAL INVESTIGATIONS

(urine, stool, blood, sputum, imaging, ECG, and other investigations)

13. DIAGNOSIS

A. Provisional Diagnosis

B. Differential Diagnosis

C. Final Diagnosis (Disease)

14. DATA PROCESSING

A. Analysis of case

| Basic / Common / Pathognomonic Symptoms | Determinative / Uncommon / Non-pathognomonic Symptoms |
|---|---|
| | |

B. Evaluation of Symptoms

C. Miasmatic Analysis

| PSORA | SYCOTIC | SYPHILIS |
|-------|---------|----------|
| | | |

| | |
|-----------------------|--|
| Miasmatic Diagnosis : | |
|-----------------------|--|

D. Totality of Symptoms**E. Homoeopathic Diagnosis (Hahnemannian Classification)**

15. SELECTION OF MEDICINE

A. Non Repertorial Approach

B. Repertorial Approach

16. SELECTION OF POTENCY AND DOSE

17. PRESCRIPTION

18. GENERAL MANAGEMENT INCLUDING AUXILLARU MEASURES

A. General/Surgical/Accessory

B. Restrictions (diet, regimen etc)

| Disease | Medicinal |
|---------|-----------|
| | |

19. PROGRESS & FOLLOW UP

| Date | Symptom(s) changes | Inference | Prescription |
|------|--------------------|-----------|--------------|
| | | | |

APPENDIX III

ASSESSMENT CRITERIA FOR HYPOTHYROIDISM

Zulewski's clinical score for Hypothyroidism

| SL. No | SYMPTOMS | PRESENT | ABSENT |
|--------|-----------------------|---------|--------|
| 1 | Diminished sweating | 1 | 0 |
| 2 | Hoarseness | 1 | 0 |
| 3 | Paraesthesia | 1 | 0 |
| 4 | Dry skin | 1 | 0 |
| 5 | Constipation | 1 | 0 |
| 6 | Impairment of hearing | 1 | 0 |
| 7 | Weight increase | 1 | 0 |
| | PHYSICAL SIGNS | | |
| 1 | Slow movements | 1 | 0 |
| 2 | Delayed ankle reflex | 1 | 0 |
| 3 | Coarse skin | 1 | 0 |
| 4 | Periorbital puffiness | 1 | 0 |
| 5 | Cold skin | 1 | 0 |

TOTAL: 12

Marked improvement : 0-4

Mild improvement : 5-8

No improvement : 9-12

APPENDIX IV

CASE I

Name of the patient: Mrs. S

Age: 29 years

Sex: Female

Religion: Christian

Occupation: Housewife

Address: Kattumukku, Thiruparappu

Date of case taking: 22.11.17

OP NO.: 8751/17

Presenting complaint

| Location | Sensation | Modality | Associated symptoms |
|---------------------------|-----------|--------------------------|---------------------|
| NECK Since 2½ years | Pain | < Swallowing | |
| GENERAL Since 2½ years | Tiredness | < Daytime < Afternoon | |

History of present illness

The patient is having pain on the neck since 2½ years. She had been taking Allopathic medicine for her complaints with temporary relief only. Gradually she developed tiredness and it increased as she took the medicine.

History of previous illness

Before 1½ years – Tubectomy done

Before 2 years – Injury on back – Allopathy – temporary relief

Family history

Mother – Diabetes mellitus, Rheumatism

Father – Tuberculosis

Personal history

Place of birth : Pinanthodu

Religion : Christian

Caste : Other Backward Caste

Education : 12th standard

Economic Status : Moderate

Marital status : Married

Family status : Nuclear

Occupation : Housewife

Habits and hobbies

Food : Non vegetarian

Additions : Tea (1 cup/day)

Sleep : Good

Domestic relations

With family members : Good

With other relatives : Good

With neighbours/ Friends/ Colleagues : Good

Sexual relation

Premarital : No

Marital : Yes

Extra marital : No

Life space investigation

The patient was born in a moderate family at Pinanthode. Her father is a coolie, and she had 2 younger siblings. She studied up to 12th standard. She was average in studies. Due to financial problems she was not able to go for higher studies. She learned tailoring, typewriting and went for computer class. She earned her living through typewriting and tailoring. When going for job a boy was interested in her and she informed it to her mother. Her family opposed the proposal, mainly her siblings as he was not having an own house. But after one year her family accepted him because of his good character. Now she is having some financial crisis and worried about it. Due to her illness also she becomes short tempered now a days and even gets angry toward children for small things.

Psychic features

Desires company

Easily angered

Anxious about financial matters

Physical features

Appearance:

Stature : Moderate

Complexion : Earthly

Gait : Steady

Clean/Unclean : Clean

Generals

| | |
|----------|-----------|
| Appetite | : Normal |
| Thirst | : Normal |
| Sleep | : Good |
| Stool | : Regular |
| Urine | : Normal |
| Sweat | : Normal |

Reaction to:

| | |
|-------------|-----------|
| Fanning | : Needed |
| Warm drinks | : Desires |
| Spicy food | : Desires |
| Thermal | : Hot |

Physical examination

General:

| | |
|-----------------|--------------------|
| Jaundice | : Not icteric |
| Anaemia | : No pallor |
| Oedema | : No oedema |
| Cyanosis | : Not present |
| Clubbing | : Not present |
| Lymphadenopathy | : Not present |
| Discoloration | : No discoloration |
| Skin eruption | : No skin eruption |
| Height | : 161 cm |

| | |
|------------------|--------------------------|
| Weight | : 68.2 kg |
| BMI | : 26.3 kg/m ² |
| Pulse | : 76 /min |
| B.P | : 100/70 mm of Hg |
| Respiratory rate | : 18 /min |
| Temperature | : 98.6 °F |

Systemic examination

Thyroid gland examination

Inspection : Swelling not visible, no deformity.

Palpation : No tenderness, no palpable swelling.

Neck circumference: 30 cm

Regionals

Eye : Dimness of vision

Lab. Investigation

03.11.17

TSH: 7.12 mIU/L

Menstrual history

LMP : 14.11.17

FMP : 14 years

Cycle : Regular

Duration : 3 days

Quantity : Normal

Consistency and clots : Nil

Colour and odour : Nil

Stains and acidity : Nil

Obstetrical history

G₂ P₂ A₀ D₀ L₂

Provisional diagnosis

Hypothyroidism

Differential diagnosis

Thyroiditis

Analysis of the case

| Common symptom | Uncommon symptom |
|----------------|---------------------------------|
| Pain on neck | Desires company |
| < swallowing | Easily angered |
| Tiredness | Anxious about financial matters |
| < daytime | Desires fanning |
| < afternoon | Desires warm drinks |
| | Desires spicy food |

Evaluation of symptoms

Mental generals

Desires company

Easily angered

Anxious about financial matters

Physical generals

Desires fanning

Desires warm drinks

Desires spicy food

Particulars

Pain on neck

< swallowing

Tiredness

< daytime

< afternoon

Miasmatic expression

| Psora | Sycosis | Syphilis |
|---|--|-----------------------------------|
| Desires company Anxious about financial matters Desires spicy food Pain on neck < swallowing Tiredness | Desires company Desires warm drinks | Easily angered Desires fanning |

Prominent miasm: Psora

Totality of symptoms

- Desires company
- Easily angered

- Anxious about financial matters
- Desires fanning
- Desires warm drinks
- Desires spicy food
- Pain on neck
- < swallowing
- Tiredness
- < daytime
- < afternoon

Repertorial totality

125 %

Millennium view (progressive)

J Sherr

Luc

Rajan's Miasma

Display

Strategy

Restrict to

Clipboard 1

1. MIND - ANXIETY (485) 1

2. THROAT - PAIN - swallowing (230) 1

3. GENERALS - WEAKNESS - daytime (35) 1

4. VISION - DIM (270) 1

| | lyc | nt-ac | sulph | am-c | phos | nat-an | nat-c | ph-ac | nat-m | op | terent | graph | mag-c | lysa | ars | aur | bell | chin | calc | hep | merc | alum | arg-met | carb-v | carb-s | caust | con | kal-a |
|---|-----|-------|-------|------|------|--------|-------|-------|-------|----|--------|-------|-------|------|-----|-----|------|------|------|-----|------|------|---------|--------|--------|-------|-----|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | |
| 10 | 10 | 10 | 9 | 9 | 9 | 8 | 8 | 8 | 7 | 7 | 7 | 6 | 6 | 5 | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 7 | 7 | 7 | 7 | 7 | 7 | |
| Clipboard 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. MIND - ANXIETY (485) 1 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 4 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | |
| 2. THROAT - PAIN - swallowing (230) 1 | 3 | 3 | 2 | 3 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 1 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 2 | 1 | 1 | 1 | 1 | |
| 3. GENERALS - WEAKNESS - daytime (35) 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| 4. VISION - DIM (270) 1 | 3 | 3 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 3 | 2 | 1 | 2 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 2 | |

Medicinal Management

R_x

1. LYCOPODIUM CLAVATUM 0/3 / 4 doses (alt HS)

2. SAC LAC 3 doses (alt HS)

3. B. pills 3 – 3 – 3

4. B. disk 1 – 0 – 1

X 2 weeks

| DATE | FOLLOW UP | MEDICINE PRESCRIBED |
|----------|--|---|
| 08.12.17 | Cough with yellowish expectoration since 1 day < morning Sneezing with watery coryza < morning Pain on neck persists Weakness persists Sleep: Disturbed Others: Good O/E Chest: Clear BP: 120/60 mm of Hg Weight: 68.2 kg Neck circumference: 30.1 cm | R _x 1. PULSATILLA NIGRICANS 200 / 1 dose in 10 ml aqua 10 gtt x 2 hourly 2. B. disk 1 – 0 – 1 x 7 days 3. B. pills 3 – 3 – 3 x 7 days |
| 29.12.17 | Cough feels better Sneezing relieved Pain on neck persists Weakness persists Sleep: Good Others: Good BP: 100/70 mm of Hg Weight: 68.2 kg Neck circumference: 30.1 cm | R _x 1. LYCOPODIUM CLAVATUM 0/3 / 14 doses (HS x 14 days) 2. B. pills 3 x TDS x 14 days 3. B. disk 1 x BD x 14 days |
| 21.02.18 | Pain on neck persists Weakness persists | R _x |

| | | |
|----------|---|---|
| | <p>Sleep: Disturbed</p> <p>Others: Good</p> <p>BP: 90/60 mm of Hg</p> <p>Weight: 68 kg</p> <p>Neck circumference: 30 cm</p> <p>Lab report (17.02.18)</p> <p>TSH: 6.52mIU/L</p> | <p>1. LYCOPODIUM CLAVATUM 0/3 / 14 doses (HS x 14 days)</p> <p>2. B. pills 3 x TDS x 14 days</p> <p>3. B. disk 1 x BD x 14 days</p> |
| 19.09.18 | <p>Pain on neck persists but better</p> <p>Weakness slightly better</p> <p>Sleep: Good</p> <p>Others: Good</p> <p>BP: 110/80 mm of Hg</p> <p>Weight: 68 kg</p> <p>Neck circumference: 30 cm</p> | <p>R_x</p> <p>1. LYCOPODIUM CLAVATUM 0/3 / 14 doses (HS)</p> <p>2. B. pills 3 x TDS</p> <p>3. B. disk 1 x BD</p> <p>X 2 weeks</p> |
| 30.10.18 | <p>Pain on neck better</p> <p>Weakness slightly better</p> <p>Generals: Good</p> <p>BP: 110/60 mm of Hg</p> <p>Weight: 68 kg</p> <p>Neck circumference: 30 cm</p> | <p>R_x</p> <p>1. LYCOPODIUM CLAVATUM 0/3 / 7 doses (HS)</p> <p>2. B. pills 3 x TDS</p> <p>3. B. disk 1 x BD</p> <p>X 1 week</p> |
| 05.11.18 | <p>Pain on neck feels better</p> <p>Weakness relieved</p> <p>Generals: Good</p> <p>Weight: 68 kg</p> <p>Neck circumference: 30 cm</p> <p>Lab report (30.10.18)</p> <p>TSH: 3.83mIU/L</p> | <p>R_x</p> <p>1. LYCOPODIUM CLAVATUM 0/3 / 7 doses (HS)</p> <p>2. B. pills 3 x TDS</p> <p>3. B. disk 1 x BD</p> <p>X 1 week</p> |

CASE II

Name of the patient: Mrs. N

Age: 30 years

Sex: Female

Religion: Christian

Occupation: Housewife

Address: Colachel

Date of case taking: 10.11.17

OP NO.: 5902

Presenting complaint

| Location | Sensation | Modality | Associated symptoms |
|------------------------------|---|-----------------|---------------------|
| THROAT Since 6 years | Pain Swelling Hoarseness of voice | < Winter season | Puffiness of face |
| GENERAL Since 6 years | Weight gaining | | |

History of present illness

The patient complaints started before 6 years as pain and swelling in neck and also with hoarseness of voice. Her complaints started suddenly as increasing weight, no other complaints are associated with it. She also says of having puffiness of face along with her complaint. Her complaints are getting worse during winter season. She had

taken allopathic medicine for hypothyroidism and got relief for pain when medicine is taken.

History of previous illness

Before 6 month – Renal Stone – Allopathy – relieved

Since 6 years – Hypothyroidism – Allopathy – under treatment

Family history

Nothing relevant

Personal history

| | |
|-----------------|------------------------|
| Place of birth | : Colachel |
| Religion | : Christian |
| Caste | : Other Backward Caste |
| Education | : 12 th Std |
| Economic Status | : Moderate |
| Marital status | : Moderate |
| Family status | : Moderate |
| Occupation | : Housewife |

Habits and hobbies

| | |
|-----------|------------------|
| Food | : Non Vegetarian |
| Additions | : Tea |
| Sleep | : Good |

Domestic relations

| | |
|----------------------|--------|
| With family members | : Good |
| With other relatives | : Good |

With neighbours/ Friends/ Colleagues : Good

Sexual relation

Premarital : No

Marital : Yes

Extra marital : No

Psychic features

Introvert

Reaction to : Company – desires

Other features : Property issue with family

Physical features

Appearance:

Stature : Moderate

Complexion : Wheatish

Gait : Normal

Skin : Dryness

Clean/Unclean : Clean

Generals

Appetite : Normal

Thirst : Normal

Sleep : Good

Stool : Constipated (once in 3 days)

Urine : Normal

Sweat : Diminished

Reaction to:

Warm food : Desires

Spicy food : Desires

Bathing : Warm water

Covering : Aversion

Fanning : Needed

Thermal : Chilly patient

Physical examination

General:

Jaundice : Not Icteric

Anaemia : No Pallor

Oedema : No oedema

Cyanosis : Not present

Clubbing : Not present

Lymphadenopathy : Not present

Discolouration : No discoloration

Skin eruption : No skin eruption

Height : 154 cm

Weight : 60 kg

BMI : 25.3 kg/m²

Pulse : 85 / min

B.P : 110/80 mm of Hg

Respiratory rate : 15 / min

Temperature : 98.4 °F

Systemic examination

Thyroid gland examination

Inspection : Swelling in front of the neck present.

Palpation : Tenderness on swelling.

Neck circumference: 37.1 cm

Lab. Investigation

18.10.17

TSH: 6.57 mIU/L

Menstrual history

LMP : 02.11.17

FMP : 13 years

Cycle : Regular

Duration : 5 days

Quantity : Normal

Consistency and clots : No clots

Colour and odour : Bright red, no odour

Stains and acidity : Nil

Obstetrical history

G₂P₂ A₀ D₀ L₂

Provisional diagnosis

Hypothyroidism

Differential diagnosis

Thyroiditis

Analysis of the case

| Common symptom | Uncommon symptom |
|---------------------------|----------------------|
| Pain and swelling in neck | Throat pain |
| Hoarseness of voice | < winter season |
| Weight gaining | Introvert |
| Puffiness of face | Desires warm food |
| Desires company | Desires spicy food |
| Intolerance to cold | Desires warm bathing |
| Dryness of skin | Decreased sweat |

Evaluation of symptoms

Mental generals

Introvert

Desires company

Physical generals

Desires warm food

Desires spicy food

Desires warm bathing

Decreased sweat

Constipation

Particulars

Throat pain < winter season

Hoarseness of voice

Weight gaining

Puffiness of face

Miasmatic expression

| Psora | Sycosis | Syphilis |
|---|--|---------------------------|
| Throat pain < winter season Swelling on throat Hoarseness of voice Puffiness of face Decreased sweat | Desires company Desires warm food Desires spicy food | Introvert Constipation |

Prominent miasm: Psora

Totality of symptoms

- Introvert
- Desires company
- Desires warm food
- Desires spicy food
- Desires warm bathing
- Decreased sweat
- Constipation

- Throat pain < winter season
- Hoarseness of voice
- Weight gaining
- Puffiness of face

Repertorial totality

| | calc | nat-m | lyc | ars | sulph | iodi | kal-c | sponda | causa | con | nat-c | thui | claus | mag-c | agar | phos | stram | bell | brv | cham | graph | lach | puls | sil | aple | ferr | nux-v | op | acon | carb-v | china | dulc | kal-h |
|--|------|-------|-----|-----|-------|------|-------|--------|-------|-----|-------|------|-------|-------|------|------|-------|------|-----|------|-------|------|------|-----|------|------|-------|----|------|--------|-------|------|-------|
| 1. EXTERNAL THROAT - SWELLING - Thyroid gland (43) 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 2. LARYNX AND TRACHEA - VOICE - hoarseness (343) 1 | 3 | 3 | 2 | 2 | 2 | 3 | 2 | 3 | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 2 | 3 |
| 3. SKIN - DRY (198) 1 | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 2 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 1 | 3 | 2 | 2 | 3 | 3 | 1 |
| 4. RECTUM - CONSTIPATION (403) 1 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 2 | 2 | 3 | 3 | 1 | 3 | 1 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 1 | 2 | 2 | 2 | 2 |
| 5. FACE - CONGESTION (123) 1 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 2 | 3 | 1 | 2 | 3 | 2 | 2 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 1 |
| 6. GENERALS - OBESITY (143) 1 | 3 | 3 | 2 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 3 | 1 | 2 | 1 | 1 | 3 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 2 |

Medicinal Management

R_x

1. CALCAREA CARBONICUM 0/3 / 1 dose
2. SG 3-3-3 x 7 days
3. SD 1-1-1 x 7 days

X 2 weeks

| DATE | FOLLOW UP | MEDICINE PRESCRIBED |
|----------|---|---|
| 24.11.17 | Pain and swelling in neck persists < swallowing < winter season Hoarseness of voice persists Puffiness of face persists Weight gain persists Dryness of skin persists Stool: Hard, constipated Sweat: Decreased Others: Good BP: 120/80 mm of Hg Neck circumference: 37 cm Weight: 60 kg | Rx 1. CALCAREA CARBONICUM 0/3 / 1 dose 2. SG 3-3-3 x 7 days 3. SD 1-1-1 x 7 days X 2 weeks |
| 01.12.17 | Pain and swelling in neck persists Hoarseness of voice slightly better Puffiness of face better Weight gain persists Dryness of skin persists | Rx 1. CALCAREA CARBONICUM 0/3 / 1 dose 2. SG 3-3-3x 7 days 3. SD 1-1-1 x 7 days X 2 weeks |

| | | |
|----------|--|--|
| | <p>Stool: Constipated, once in 2 days</p> <p>Sweat: Decreased</p> <p>Others: Good</p> <p>BP: 100/80 mm of Hg</p> <p>Neck circumference: 37.5 cm</p> <p>Weight: 62 kg</p> | |
| 15.12.17 | <p>Swelling in neck persists</p> <p>Pain in throat feels better than before</p> <p>Hoarseness of voice better</p> <p>Puffiness of face better</p> <p>Weight slightly reduced</p> <p>Dryness persists</p> <p>Stool: Regular</p> <p>Sweat: Normal</p> <p>Others: Good</p> <p>BP: 110/80 mm of Hg</p> <p>Neck circumference: 37.2 cm</p> <p>Weight: 60 kg</p> | <p>R_x</p> <ol style="list-style-type: none"> 1. CALCAREA CARBONICUM 0/3 / 1 dose 2. SG 3-3-3 x 7 days 3. SD 1-1-1 x 7 days X 2 weeks |
| 29.12.17 | <p>Swelling on neck slightly reduced than before</p> | <p>R_x</p> |

| | | |
|----------|--|---|
| | Pain in neck feels better Hoarseness feels better Puffiness better Weight reduced then before Dryness of skin slightly better Generals: Good BP: 100/80 mm of Hg Neck circumference: 36 cm Weight: 58.8 cm | 1. CALCAREA CARBONICUM 0/3 / 1 dose 2. SG 3-3-3 x 7 days 3. SD 1-1-1 x 7 days X 2 weeks |
| 12.01.18 | Swelling on neck reduced Pain in neck feels better Hoarseness feels better Puffiness better Weight persist as same Dryness of skin slightly better Generals: good BP: 110/70 mm of Hg Neck circumference: 35.7 cm Weight: 58.8 cm | R _x 1. CALCAREA CARBONICUM 0/3 / 1 dose 2. SG 3-3-3 x 7 days 3. SD 1-1-1 x 7 days X 2 weeks |
| 26.01.18 | Swelling on neck reduced Pain in neck better | R _x |

| | | |
|----------|---|---|
| | <p>Hoarseness feels better</p> <p>Puffiness better</p> <p>Weight reduced</p> <p>Dryness of skin better</p> <p>Generals: good</p> <p>BP: 100/70 mm of Hg</p> <p>Neck circumference: 35 cm</p> <p>Weight: 58 cm</p> | <p>1. CALCAREA</p> <p>CARBONICUM 0/3 / 1 dose</p> <p>2. SG 3-3-3 x 7 days</p> <p>3. SD 1-1-1 x 7 days</p> <p>X 2 weeks</p> |
| 09.02.18 | <p>Swelling on neck reduced</p> <p>Pain in neck better</p> <p>Hoarseness feels better</p> <p>Puffiness better</p> <p>Weight reduced</p> <p>Dryness of skin better</p> <p>Generals: good</p> <p>BP: 120/70 mm of Hg</p> <p>Neck circumference: 35 cm</p> <p>Weight: 58 cm</p> <p>Lab report</p> <p>TSH: 5.01 mIU/L</p> | <p>R_x</p> <p>1. CALCAREA</p> <p>CARBONICUM 0/3 / 1 dose</p> <p>2. SG 3-3-3 x 7 days</p> <p>3. SD 1-1-1 x 7 days</p> <p>X 2 weeks</p> |

APPENDIX V

MASTER CHART

| Sl No | OP No | Age | Occupation | Food Habits | Chief Complaints | Past History | Family History | Miasm | Medicine | BMI in kg/m2 | | TSH in mIU/L | | Neck Circumference | | Symptom Score | |
|-------|----------|-----|------------|-------------|--|----------------------|---|---------------|-------------------|--------------|------|--------------|------|--------------------|------|---------------|----|
| | | | | | | | | | | BT | AT | BT | AT | BT | AT | BT | AT |
| 1 | 2650 /17 | 36 | Coolie | Non Veg | Neck swelling, weakness, weight gain, hoarseness of voice | Thyroid Complaints | Mother: Renal failure | Psora | Natrum Muriaticum | 28.6 | 27.5 | 12.03 | 5.1 | 33 | 32.5 | 5 | 1 |
| 2 | 7402 /17 | 40 | Housewife | Non Veg | Neck swelling, weakness, hearing difficulty, hoarseness of voice | Hypertension | Nil | Psora-Sycosis | Sulphur | 30.3 | 30.3 | 7.89 | 5.15 | 37.8 | 37.8 | 2 | 1 |
| 3 | 1252 /17 | 39 | Housewife | Non Veg | Neck swelling, dryness of throat, hair fall, weight gain, weakness | Chicken pox, Typhoid | Mother: Thyroid Complaint, HTN, Asthma. Father: DM, HTN | Psora-Sycosis | Natrum Muriaticum | 26.7 | 26.7 | 6.89 | 0.49 | 34.6 | 34 | 2 | 1 |

| | | | | | | | | | | | | | | | | | |
|---|-------------|----|---------------------|------------|--|---|--|--|--------------------------------|------|------|-------|------|------|------|---|---|
| 4 | 6596 /17 | 27 | Housewife | Non Veg | Weight gain, weakness, weak memory, irregular profuse menses | Thyroid Complai nts, Chicken pox | Nil | Psora- Sycosis | Calcarea Carbonic a | 39.8 | 42.8 | 11.12 | 6.12 | 30.1 | 30.1 | 3 | 1 |
| 5 | 5944 /17 | 21 | Company Employee | Non Veg | Neck swelling, pain, weight gain, horseness of voice | Chicken pox, Jaundice | Nil | Psora- Sycosis | Mercuriu s Solubilis | 29.8 | 29.8 | 6 | 4 | 30.3 | 30 | 2 | 0 |
| 6 | 3418 /17 | 31 | Housewife | Non Veg | Weight gain, dryness of skin, neck swelling, pain, weakness | Nil | Nil | Psora- Syphili s | Natrum Muriatic um | 26.1 | 25.9 | 10.66 | 1.91 | 31.2 | 31 | 3 | 0 |
| 7 | 4461 | 35 | Teacher | Non Veg | Neck swelling | Hypothy roidism, Chicken pox, Typhoid | Nil | Psora- Syphili s | Natrum Muriatic um | 29.9 | 29.4 | 6.8 | 5.4 | 31.1 | 31 | 2 | 0 |
| 8 | 4946 /17 | 37 | Housewife | Non Veg | Neck swelling, pain, weight gain, irregular menses | Chicken pox, Chickun gunya, Thyroid Complai nts | Mother: DM, HTN Father: DM Sister: Thyroid | Psora- Sycosis - Syphili s | Lycopod ium Clavatu m | 26.5 | 27 | 5.53 | 4.43 | 34 | 34 | 1 | 1 |

| | | | | | | | | | | | | | | | | | |
|----|-------------|----|------------|------------|---|---|------------------------------------|------------------------|--------------------------------|-----------|------|-------|------|------|----|---|---|
| | | | | | | | Complai nts | | | | | | | | | | |
| 9 | 5170 /17 | 26 | Teacher | Non Veg | Neck swelling, pain, weakness, irregular menses | Measles | Nil | Psora | Calcarea Carbonic a | 26.8 | 25.6 | 12.09 | 2.96 | 30.6 | 30 | 2 | 0 |
| 10 | 274/ 17 | 37 | Accountant | Non Veg | Neck swelling, hair fall, weakness | Gall Stones | Nil | Psora | Lycopod ium Clavatu m | 23.7 | 24.1 | 5.06 | 4.01 | 33 | 30 | 1 | 1 |
| 11 | 2947 /17 | 39 | Housewife | Non Veg | Hair fall, neck swelling, hoarseness of voice, dryness of skin, weakness | Thyroid Complai nts | Nil | Psora | Natrum Muriatic um | 24.1 | 25 | 6.19 | 5 | 34 | 35 | 3 | 1 |
| 12 | 4501 /17 | 36 | Teacher | Non Veg | Neck swelling, hoarseness of voice, weakness, weight gain | Chicken pox, Chickun gunya, Thyroid Complai nts | Husban d: DM, Brother: CA | Psora- Syphili s | Calcarea Carbonic a | 36.6 6 | 35.9 | 6.55 | 5.55 | 35 | 33 | 4 | 0 |

| | | | | | | | | | | | | | | | | | |
|----|----------|----|-----------|---------|--|--------------------|--|----------------|--------------------|------|------|------|------|------|------|---|---|
| 13 | 5902 | 30 | Housewife | Non Veg | Neck swelling, pain, hoarseness of voice, weight gain, puffiness of face | Renal Calculi | Nil | Psora | Calcarea Carbonica | 25.3 | 24.5 | 6.57 | 5.01 | 37.1 | 35 | 6 | 0 |
| 14 | 10120/17 | 37 | Housewife | Non Veg | Irregular menses, weight gain, hair fall, hoarseness of voice | Chicken pox | Mother: Rheumatism | Psora-Sycosis | Silicea Terra | 43.8 | 43.8 | 9.71 | 5.78 | 35 | 34.2 | 4 | 0 |
| 15 | 608/17 | 18 | Student | Non Veg | Neck swelling, pain, weight gain, hair fall | Thyroid Complaints | Nil | Psora-Sycosis | Calcarea Carbonica | 26.8 | 26.4 | 10.3 | 5.51 | 31 | 31 | 2 | 0 |
| 16 | 3877/18 | 18 | Student | Non Veg | Neck swelling, irregular profuse menses, hair fall | Chicken pox | Nil | Psora-Syphilis | Calcarea Carbonica | 24.2 | 23.8 | 7.03 | 6.01 | 34 | 33 | 0 | 0 |
| 17 | 1315/08 | 40 | Housewife | Veg | Neck swelling, weakness, weight gain | Jaundice | Mother: HTN, Hypothyroidism Brother: MI | Psora-Sycosis | Calcarea Carbonica | 22.2 | 22.4 | 96 | 2.99 | 30.5 | 30 | 1 | 1 |

| | | | | | | | | | | | | | | | | | |
|----|---------|----|------------|---------|---|--|--|----------------|---------------------|------|------|-------|------|------|------|---|---|
| 18 | 8751/17 | 29 | Housewife | Non Veg | Pain on neck, tiredness | Tubectomy | Mother: Rheumatism, DM Father: Tuberculosis | Psora | Lycopodium Clavatum | 26.3 | 26.2 | 7.12 | 3.83 | 30 | 30 | 0 | 0 |
| 19 | 126/18 | 21 | Unemployed | Non Veg | Neck swelling, weakness | Nil | Nil | Psora | Natrum Muriaticum | 18.1 | 18.5 | 7.24 | 5 | 30 | 30 | 2 | 1 |
| 20 | 6699/17 | 25 | Student | Non Veg | Neck swelling | Nil | Mother: Hypothyroidism | Psora | Calcarea Carbonica | 22 | 22 | 6.03 | 5.4 | 35 | 33.5 | 3 | 1 |
| 21 | 6698/17 | 40 | Housewife | Non Veg | Neck swelling, weakness | Hypertension | Father: DM | Psora | Calcarea Carbonica | 24.7 | 24.7 | 6.12 | 5.4 | 35 | 34 | 1 | 0 |
| 22 | 6898/17 | 21 | Housewife | Non Veg | Neck swelling, pain, sensation of heaviness, weakness, weight gain | Nil | Nil | Psora-Sycosis | Natrum Muriaticum | 25.5 | 25 | 10.01 | 6.02 | 33.4 | 32 | 2 | 0 |
| 23 | 4377/17 | 38 | Housewife | Non Veg | Neck swelling, hoarseness of voice, weakness, weight gain, diminished sweat | Chickungunya, Jaundice, Blindness, Cardiac | Mother: Rheumatism Father: Jaundice | Psora-Syphilis | Natrum Muriaticum | 26.9 | 26.5 | 8.08 | 5.5 | 34 | 35 | 4 | 0 |

| | | | | | | | | | | | | | | | | | |
|----|-------------|----|-----------|------------|--|-----------------------------------|---|------------------------|--------------------------|------|------|-------|------|------|------|---|---|
| | | | | | | Complai nt | | | | | | | | | | | |
| 24 | 6943 /17 | 19 | Student | Non Veg | Neck swelling, weight gain | Typhoid | Mother: Thyroid Complai nts Brother: Thyroid Complai nts | Psora | Natrum Muriatic um | 21.4 | 20.7 | 8.57 | 5.5 | 30.1 | 30 | 1 | 0 |
| 25 | 5483 /17 | 39 | Housewife | Non Veg | Neck swelling, tiredness, chilliness, hair fall | Measles, Juvenile Arthritis | Nil | Psora- Sycosis | Sulphur | 27.6 | 27.8 | 7.4 | 3.46 | 34 | 33.4 | 1 | 0 |
| 26 | 6452 /17 | 27 | Student | Non Veg | Irregular menses, weight gain | Nil | Father: DM | Psora | Calcare Carbonic a | 25.5 | 26.2 | 7.62 | 5.42 | 31 | 31 | 3 | 0 |
| 27 | 3848 /17 | 35 | Housewife | Non Veg | Neck swelling, weakness, weight gain, diminished sweat | Thyroid complai nts | Nil | Psora | Calcare Carbonic a | 46.8 | 44.7 | 12.05 | 5.12 | 33.1 | 32 | 3 | 0 |
| 28 | 3317 /17 | 28 | Housewife | Egg Veg | Neck swelling, weakness, weight gain, heaviness of body, hair fall | Nil | Mother: Hyperte nsion | Psora- Syphili s | Natrum Muriatic um | 32.7 | 32.4 | 12.34 | 6.02 | 34 | 34 | 3 | 0 |

| | | | | | | | | | | | | | | | | | |
|----|-------------|----|------------|------------|---|---|---------------------------|-------------------|---------------------------|----|------|-------|------|------|----|---|---|
| 29 | 8234 /17 | 35 | Housewife | Non Veg | Neck swelling, weakness | Chicken pox, Typhoid , Renal Calculi | Nil | Psora | Sepia Officinal is | 25 | 24.9 | 7.81 | 4.44 | 33 | 33 | 2 | 0 |
| 30 | 5150 /17 | 37 | Shopkeeper | Non Veg | Neck swelling, weakness, body pain, weight gaining | Hypothy roidism, Chicken pox, Typhoid | Mother: Rheuma tism | Psora- Sycosis | Calcarea Carbonic a | 23 | 23.1 | 42.63 | 4.24 | 30.5 | 32 | 3 | 0 |

APPENDIX VI

FORM – 4: CONSENT FORM (A)

INFORMATION FOR PARTICIPANTS OF THE STUDY

Title of my study is “A CLINICAL STUDY ON THE MANAGEMENT OF HYPOTHYROIDISM IN FEMALES USING LM POTENCY”. The purpose of my study is (1) to know the importance of LM potency in Hypothyroidism (2) to determine the common etiological factors of Hypothyroidism (3) to know the frequently indicated medicines in Hypothyroidism. Duration of my study is from July 2017 – January 2019.

The procedures include selection of 30 cases of female patients with Hypothyroidism are selected from OPD, IPD and from peripheral centers of Sarada Krishna Homoeopathic Medical College. The case will be analysed and evaluated. It is repertorised and a well selected remedy will be prescribed after referring the Materia Medica. The repetition of doses will be done based on the Homoeopathic principles. Assessment will be done once in a week or two weeks and changes will be recorded. In 3 to 6months study, females will be assessed on one year observation.

The benefits to the subject or others, reasonably expected from research are (1) The participants are investigated to find out whether she is having Hypothyroidism. (2) If the participant is identified to have Hypothyroidism or is a known patient with Hypothyroidism, in both cases she will be given awareness about the risk factors of Hypothyroidism by which they can reduce/ control their disease. (3) Thus study is a benefit not only to the participant but also to the society as a whole. The records are maintained highly confidential. Only the investigator has the access to the subject’s medical records. Participant’s identity will never be disclosed at any time,

during or after the study period or during publication of the research. Securely store data documents in locked locations and Encrypt identifiable computerized data. All information revealed by patient will be kept as strictly confidential. Free treatment for research related injury is guaranteed. Compensation of the participants not only disability or death resulting from such injury but also for unforeseeable risks is provided, in case situation arises.

Contact for trial related queries, rights of subjects and in the event of any injury.

INVESTIGATOR

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GUIDE

Dr. Manoj Narayan. V
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There will not be any anticipated prorated payment to the subject for participating in the trial. The responsibilities of the participants in the trial are they must disclose all about the complaints. Participants must strictly stick on to the scheduled Diet, Regimen and Medicine.

The participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the subject is otherwise entitled.

FORM – 4 A

CONSENT FORM (B)

Informed Consent form to participate in a clinical trial

Study Title: A CLINICAL STUDY ON THE MANAGENENT OF
HYPOTHYROIDISM IN FEMALES USING LM POTENCY

Study Number: Subject's Initials_____ Subject's Name _____

Date of birth/Age: _____

Please initial

Box (Subject)

- i. I confirm that I have read and understood the information sheet dated
July 2017 for the above study and have had the opportunity to ask question. []
- ii. I understood that my participation in the study is voluntary and that I am
free to withdraw at any time without giving any reason. Without my medical
care or legal rights being affected. []
- iii. I understand that the sponsor of the clinical trial, others working on the
sponsor's behalf the Ethics Committee and the regulatory authorities will not
need my permission to look at my health records both in respect of the current
study and further research that may be conducted in relation to it, even if I
withdraw from the trial. I agree to this access. However, I understand that my
identity will not be revealed in any information released to third parties or
published. []
- iv. I agree not to restrict the use of any data or result that arise from this study
provided such a use only for scientific purpose(s) []

v. I agree to take part in the above study.

Signature (or Thumb impression of the subject/legally acceptable)

Representative: _____

Date _____/_____/_____

Signatory's Name: _____

Signature of the Investigator: _____

Study Investigator's Name: Dr. Amritha Mohan

Signature of the Witness _____ Date: _____/_____/_____

Signature of the Witness _____ Date: _____/_____/_____